



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### About Google Book Search

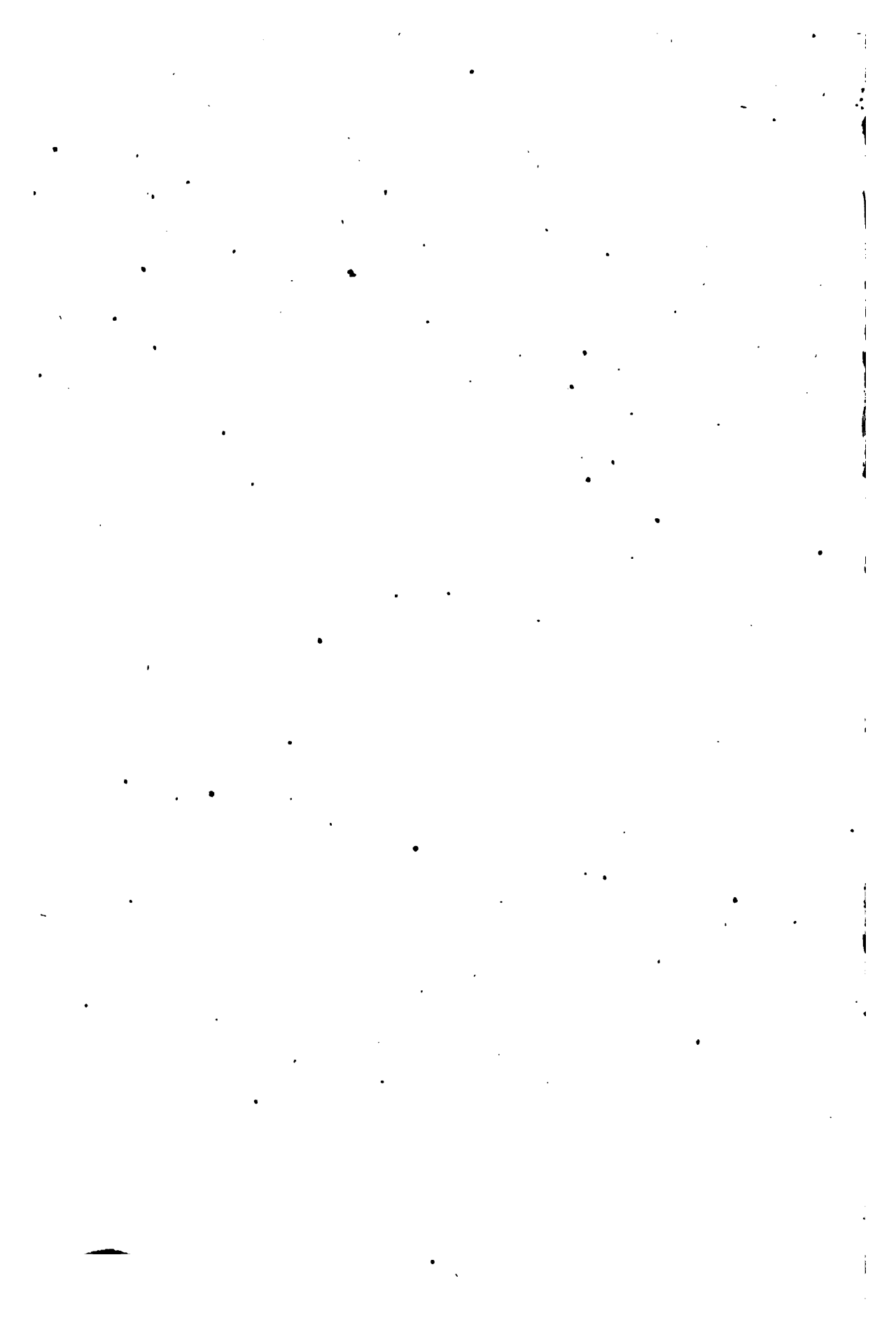
Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

No. ....

**BOSTON**  
**MEDICAL LIBRARY**  
**ASSOCIATION,**  
**19 BOYLSTON PLACE.**









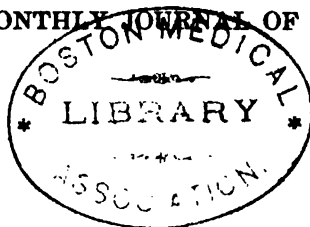


VOLUME II.—APRIL 1875-6.

---

# St. Louis Clinical Record,

A MONTHLY JOURNAL OF



MEDICINE AND SURGERY.

---

W. A. HARDAWAY, M. D., Editor.

---

ST. LOUIS:

H. F. ZIDER, PUBLISHER, 532 N. THIRD STREET.

1876.



## INDEX TO VOLUME II.

### ORIGINAL LECTURES, COMMUNICATIONS AND CLINICAL REPORTS:

	Page.
A Case of Placenta Prævia.....	10
A Case of Nervous Dyspepsia Relieved by Electricity..	10
A Case of Glaucoma.....	129
A Complicated Case of Labor.....	221
An Extraordinary Case of Brain-Lesion.....	180
Atropine in Opium Poisoning, with cases.....	127
A New Operation for the Radical cure of Entropion....	82
Case of Poisoning by Oil of Tanay.....	244
Cases Illustrating Repair by Immediate Union.....	8
Cheyne-Stokes' Respiration.....	84
Damiana and its Action.....	268
Death Rate Among Officers in the United States Navy..	78
Electricity in Treatment of Post-Partum Hemorrhage..	101
Euthanasia.....	124
Gangrene of the Vulva.....	130
Hemorrhage During and After Uterine Gestation.....	97-121
Idiocy Extraordinary.....	79
Locomotor Ataxy; A Hitherto Undescribed Transient Variety.....	198-217
Locality and Age in the Diagnosis of Skin Diseases ..	173
Medio-Lateral Lithotomy.....	8
Modern Miracles.....	171-107
Multiple Stricture of Rectum.....	49
Nervous Diarrhea.....	241
Non-Mercurial Treatment of Syphilis.....	29
On Sudden Death From Chronic Alcoholism.....	200
Pachy-Meningitis.....	265
Paralysis During Pregnancy.....	73
Prescription Writing.....	76
Quacks and Impostors.....	99
Rare Forms of Abscess.....	108
Radical Cure of Salivary Fistula.....	243
Sore Throat.....	148
Stavesacre and Larkspur.....	33
Successful Operation for Trichiasis and Entropion....	55
Tracheotomy in Croup.....	7-25
Trichiasis and Distichiasis.....	145
<b>CORRESPONDENCE:</b>	
An Academy of Medicine.....	151
A New Instrument—Bartlett's Speculum.....	104
Association of Medical Officers, U. S. Army and Navy..	223
Correction, etc.....	163
Nostrum Prescribers and Venders.....	176
Psychical or Physical.....	12
<b>EXTRACTS AND ABSTRACTS:</b>	
Abscess of the Breast; Treatment, 117. Abscess of the Umbilicus, 135. Action of Bile and its Elements, 112. Action of Ergot, 18. Action of Jaborandi and Atropine, 37. Actual Caustery, its Uses and Powers, 20. Acute Rheumatism, 208. Adherent Prepuce and Paralysis, 64. Albuminuria, Iodide of Potassium in, 250. Alterations of Sensibility in Acute Rheumatism, 81. Amblyopia, Treatment by Bromide of Potassium, 182. Anæsthesia, 19. Anæsthesia in Natural Labor, 60. Anal Fistula, Operation for, 162. Aneurisms of the Arch of the Aorta, Galvano-Puncture, 222. Antidote to Strychnia, 133. Anti-Pyretic Treatment of Rheumatism, 40. Apomorphia, 41-249. Apsithuria, 62. Arsenic in Chorea, 136. Arsenic in Gastric Affections, 87. Articular Rheumatism, 85. Atropia in Opium Poisoning, 162. Atropine in Acute Myringitis, 250. Auscultation of the Esophagus, 227.	
Bacteria, 14. Belladonna in Profuse Perspiration, 19. Blindness and Deafness from Tape Worm, 182. Bone Dust as Food, 117. Boracic Acid for Ringworm, 240. Brain Lesions, on Convulsions in, 273—alterations in the Gastric Mucous Membrane Consecutive to, 273. Bromide of Potassium in Amblyopia, 182.	
Calomel, Heat, and Moisture in True Croup, 162. Case of Probable Hydrocephalus, 160. Cause of Varicocele, 133. Causes and Nature of Diphtheria, 12. Cinchonidia, 249. Clurcot on Hysteria, 117. Changes in the Brain from Chorea Minor, 10. Chinese Method of Inoculation, 87. Chloral for Fissure of the Anus, 251—as a Surgical Dressing, 180—as a Preservative, 101. Chloral Hydrate, 136. Chloroform by Subcutaneous Injection in Facial Neuralgia, 115—by inhalation in Cholera, 160. Chlorates, their Effects upon the Kidneys, 229. Cholera Infantum, its Prophylaxis, 229. Chronic Dysentery, Maury's Treatment, 245. Chronic Splenic Enlargement, 182. Colloidal Antipellucidum, 41. Color in Addison's Disease, 65. Compressed Sponge in Mammary Abscess, 117. Compression of the Ovaries in Hysteria, 117. Conium Poisoning, 181. Cotton Pessary, 248. Croton Chloral, 117.	
Diagnosis of Effusions into the Cavity of the Tympanum, 83. Diabetes Insipidus, 79. Diabetes Mellitus, 115—its Treatment by Transfusion, 161. Difficult Labor from Rigidity of the Os Uteri, 249. Diphtheria, 225-246—its Causes and Nature, 12. Disinfecting Treatment of Corneal Ulcers, 229. Dislocations of the Shoulder, Reduction, 228. Dysentery, 177-245.	
Elastic Ligatures for Securing the Funis, 158. Effects of Maternal Mental Impressions upon the Child, 274. Effectual Plug in Nasal Hemorrhage, 228. Electricity in Intestinal	
Obstructions, 220—in Vomiting, 40. Elimination of Alcohol, 136. Ergot in Diabetes Insipidus, 79—in Hæmoptysis, 250—in Mammary Troubles, 117. Eschmarch's Bloodless Method, 209. Ether and Chloroform, 114.	
Facial Discolorations in Pregnancy, 187. Facial Neuralgia, Chloroform, Subcutaneous Injection, 115. Fibroid Tumors of the Uterus, 251. Fissure of the Anus, 251. Foot-Sweat, 187. Galvanic Sutures, 135. Gleanings from the German, 114. Goa Powder, 181. Gonorrhœa Treated by Hydrastin, 161. Hammock System in Cars, 209. Hereditary Transmission of Injuries to the Nervous System, 63. Hint in Giving Iodide of Potassium, 162. Hirsuties Gestationis, 186. Hydrastin in Gonorrhœa, 161. Hygiene of the Eyes, 18. Hyperidrosis, 117. Hypodermic Alimentation, 247. Hypodermic Injection of Water, 161.	
Injection in Gonorrhœa, 19. Injury to the Spine, Extraordinary Temperature, 86. Inoculation of Cow-Pox, 87. Iodide of Potassium in Chronic Albuminuria, 250. Iodoform, 40. Intestinal Obstruction, Treatment by Electricity, 229. Intussusception, 226. Is Mercury a Cholagogue? 130.	
Jaborandi as a Galactagogue.	
Labor without Liquor Amnii, 248. Laceration of the Gravid Uterus, 272. Latency of Syphilis, 251. Local Anæsthesia, 231. Localization of Functions in the Brain, 153. Life in a Six-Months Fetus, 64. Lime in the Eye, 182.	
Management of Head-Last Labors, 59—of Placenta Prævia, 15. Massage in Neuralgia, 116. Maury's Treatment of Chronic Dysentery, 245. Monobromide of Camphor, 133. Morbid Histology of the Brain, 63. Medical Properties of Salicylic Acid, 40. Menstruation not a Physiological Process, 157. Mercury as a Cholagogue, 130. Migraine, Chorea and Rheumatism, 162.	
Nasal Hemorrhage, 228. Neuralgia Cured by Massage, 116. New Method of Administering Drugs, 1-1—of Healing Ulcers, 134—of Operating on the Larynx, 68—of Treating Lymphatic Glandular Tumors, 224. New Operation for Varicose Veins, 87. New Salve for the Itch, 162. Nitrate of Soda in Dysentery, 177. Nitrite of Amyl in Spasm, 35—in Tetanus, 80. Normal Ovariectomy, 227.	
Obstinate Vomiting of Pregnancy, 85. Oleum Aleuritis Trilobæ, 132. On Bacteria, 14.	
Pathology of the Sympathetic, 135. Percussion of the Skull in the Diagnosis of Exudations into the Cavity of the Tympanum, 81. Perchloride of Iron in Acute Rheumatism, 208—for Varices, 87. Peripleuritic Abscess, 18. Pernicious Progressive Anæmia, 134. Picrotoxine, its Antagonism to Chloral, 183—in Epilepsy and Paralysis Agitans, 374. Pigmentary Deposits in the Brain from Malaria, 137. Pneumonia, 81. Poisoning by Camphor, 117—by Conium, 131. Postural Treatment of Palpitation, 275. Powder of Goa, 181. Post-Partum Hemorrhage, 159. Preventive Measures in Syphilis, 113. Prevention of the Formation of Milk, 138—of Masturbation in Children, 65. Prize Offered by Dr. Seelye, 87. Prolapsus Ani, 276. Prognosis in Syphilis, 179. Prophylaxis in Cholera Infantum, 229. Puncture of the Intestines in Tympanitis, 250. Pyothorax, 65.	
Quinine as a Gargle, 178. Quinine in Whooping-Cough, 39. Reduction of Dislocations of the Shoulder, 228. Relations of Syphilis to Aneurism, 275. Respiratory Percussion, 105. Retroversion of the Gravid Uterus, 17. Review of Cases of Intussusception on Record, 226. Rhinoplastic Operation, 275.	
Saccharine Diabetes, 181. Salicylic Acid, 40—Syrup of, 209. Salve for the Itch, 162. Santonine, 87. Sea-Sickness, 136. Significance of Involuntary Evacuations in Apparent Health, 62. Silicate of Soda Bandage, 250. Simon's Method of Dilating the Female Urethra, 180. Solution of Iodoform, 40. Splenectomy, 64. Strapping the Chest in Pulmonary Diseases, 116. Strychnia in Diphtheritic Paralysis, 41. Sympathetic Nerve, Pathology of, 135. Syphilis in Pregnant Women, 158—Prognosis in, 179—its Latency, 251. Syrup of Salicylic Acid, 209.	
Tapping the Right Ventricle in a Dilated Heart without Harm, 111. Tar in Bronchial Catarrh, 181. The Cyanides in Articular Rheumatism, 85. Thermometry of the Uterus, 137. Temperature in a Case of Spinal Injury, 83. Tensile Strength of the Fetus at Term, 41. Terminations of Nerves in Glands, 65. Tetanus treated by Nitrite of Amyl, 80. Transfusion of Goat's Milk, 64. Transfusion in Diabetes Mellitus, 161. Treatment of Abscess of the Breast, 117—of Chronic Splenic Enlargement, 182—of Chorea, by Arsenic, 136—of Dysentery, by Nitrate of Soda, 177—of Hysterical Attacks, 162—of Pemphigus, 65—of Persistent Neuralgia, 19—of Ununited Fractures, 275. Tremor as a Symptom, 187. Typhoid Fever, Use of Water in, 132. Tumors of Lymphatic Glands, New Method of Treatment, 224.	
Ulcers. New Method of Healing, 434. Umbilicus, Abscess of, 135. Urethral Neuropathy, 229. Uterine Hemorrhage, 41. Vaccine Pustules. Effects of the Number of, 228. Varices, Treatment of, 87. Varicose Veins, New Treatment of, 87. Vegetarianism as a Cure for Intemperance, 178. Vomiting of Pregnancy, 83-240.	
Warm Injections in Uterine Hemorrhage, 41. Warmth to Prevent Sudden Death from Chloral, 160. Warts, 40. Water by Hypodermic Injection, 161. Water in Typhoid Fever, 132.	

## EDITORIAL:

A Drug Ring.....	140
"A Lost Art".....	66
American Medical Association.....	66
Psychological Journal.....	233
An Academy of Medicine.....	133
Announcement, etc., etc.....	211
"....."	230
Another "Accident".....	253
Commencement Day.....	276
Conservative Medicine.....	88
Concerning Centenarians.....	183
Conclusion of Volume II.....	278
"Crooked" Diplomas.....	139
"De Moribus Germanorum," etc.....	164
French Journals.....	278
Hypodermic Use of Water.....	278
Medical Book Reviewing.....	253
Medical and Surgical Dispensary.....	43
Mortality in Our Army.....	89
New Department of the RECORD.....	233
Obscene Literature.....	252
Offices Abolished.....	233
Our Medical Charities.....	163
Popular Health Almanac.....	139
Popular Science.....	277
Prospectus of Volume II.....	20
Semi-Centennial Catalogue of the University of Virginia	233
State Medical Association.....	278
State Medical Boards.....	210
State Medical Society.....	31
Sulphate of Cinchonidia.....	233
The Kring Case and its Lessons.....	230
The Natural History of Diseases.....	113
The St. Louis Board of Guardians.....	90
The Treatment of Chronic Skin Eruptions in Children.	43
To Authors.....	278
Varicella and Vaccinia.....	44

## BOOK NOTICES AND REVIEWS:

Atkinson's Hints in the Obstetric Procedure.....	285
Allen's State Medicine in Relation to Insanity.....	259
Baudry on Nervous Diseases.....	144
Beard and Rockwell on Medical and "Surgical Electricity	21
Bulky on the Management of Eczema.....	68
Chambers' Manual of Diet.....	68
Dalton's Human Physiology.....	234
Eighth Annual Report of the St. Louis Board of Health	163
Engelmann's Monograph, Mucous Membrane of Uterus	278
Feuer on Vision.....	135
Fleisher's Treatment of Nervous Diseases by Electricity	68
Flint on Phthisis.....	256
Fothergill's Maintenance of Health.....	67
Hamilton on Fractures and Dislocations.....	230
Hammond's Recent Contributions to Medical Literature	254
Heath's Minor Surgery.....	211
H. Lenox Hodge's Note-Book.....	280
Lee's Lectures on Syphilis.....	233
Laws' Thesis on the Dual Constitution of Man.....	280
Lindsay & Blakiston's Physicians' Visiting List.....	212
Proceedings of Am. Asso. for Cure of Inebriates.....	27
Transactions of Med. and Surg. Faculty of Maryland.....	212
Transactions of College of Physicians of Philadelphia.....	184
Transactions of the Illinois State Medical Society.....	252
The Body and its Aliments.....	279
The Miltum in Parvo Reference and Dose Book.....	183
The Vest Pocket Anatomist.....	185
Smith on the Diseases of Children.....	230
Statistics of Mortality from Phthisis in U. S. and Europe	212
Taylor on Poisons.....	134
Taylor on Bone Syphilis in Children.....	31-67
Vulpian on the Vaso-Motor System.....	44
Walsh's Call-Book and Tablet.....	250
Ziemssen's Cyclopaedia, Vol. II.....	254

## MISCELLANEOUS NOTES:

A Born Doctor, 215. Abortinist, Execution of an, 3. African Fly, 70. Aged Physicians, 92. Age of English Physicians, 286. Aids to Diagnosis, 94. American Code of Ethics in Munich, 186. American Medical Association, 19-23-28. American Journal of Microscopy and Popular Science, 213. Anaesthesia During Sleep, 14. Ann Arbor Medical College, 130. Antrophophagy, 283. Anti-Febrie Action of Salicylic Acid, 187. An Unfeeling Janitor, 22. A Poor County for Irregulars, 213. A Quack of San Francisco, 139. Archives of Electricity and Neurology, 119. Arctic Cold, its Influence on Man, 167. Arsenic Eaters, 237-234. A single Hair, 281. Ayres' Hernia Truss, 70. Beecher Case, Psychological Lessons, 141. Best Suture, 69. Bellevue Board, 22. Billroth on Medical Education, 263. Brown-Séquard on Cauterizing the Brain, 237. Burns, 92. Billroth's Clinical Assistant, 283. Canadian Journal of Medical Science, 236. Canine Cod-Liver Oil, 236. Carbolic Acid as an Antiphlogistic, 43. Case of Dipomania, 70. Chicago Medical Journals, Consolidation, 119. Chinese Medical Literature, 213. Cigars, 69. Cinchona Cultivation in Jamaica, 141. Circulation of the Blood, 47. Chloral in Ozæna, 291. Chloral in Hydrophobia, 234. Chloroform Under the Gallows, 284. Cholera and Sun Spots, 140. Claude Bernard, 119. Cod-Liver Oil Mixture, 65. Cold in the Head, 70. Cremation, 46. Criticisms on the Evolution Theory, 141. Da Costa's Diagnosis, 281. Damiana, 71. De Moribus Germanorum, 23. Dew-Worm Extruded from the Vagina, 94.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Diabetes, 136. Diplomas from State Societies, 213. Dipomania, Cause of, 70. Disease, The Latest, 92. Death of J. Hughes Bennett, 186-of Churchill, the Publisher, 186-of Demarquay, 140-of Duchenne, 186-of Dr. Alex. Fleming, 186-of Dr. Condie, 4-of Dr. Goschen, 4-8-of Dr. Headland, 186-of Dr. Krockowizer, 186-of Prof. Traube, 96-of Mrs. S. D. Gross, 287. Doctors in France, 141. Dr. Cheever's Appointment, 48. Dr. Wm. K. Bowling, 86. Dr. Bullard's Novel Reunion, 98. Dr. Carlo Botta, 157. Drs. Cheyne and Winter, 214. Dr. Mary Putnam Jacob, 186. Dr. M. A. Pallen's Appointment, 98. Dog's Milk for Children, Duration of Life, 70-of Bloodless Operations, 216. Dust to Dust, 119. Electricity in Catarrhal Jaundice, 69. Emperor of Brazil's Grand-child, 284. Ergotin in Leucocythæmia, 22. Erichsen, His Resignation, 140. Essential Conditions for the Proper Study of Medicine, 93. Examinations for Diplomas in the Royal College of Surgeons, England, 95. Execution of an Abortinist, 83. Experience of an Unsuccessful Practitioner, 188. Extraordinary Size of a Child at Birth, 46. Evolution Theory, Criticisms, 141. Fashionable Physician, 46. Female Physicians, 143. Ferruginous Preparation, 70. French View of German Science, 214. Fruitful Female, 22. Gelsemium in Neuralgia, 236. Girl, A Male, 190. Goa Powder, 140. Graduates of Medical Colleges, 1875, 22. Grasshopper Dinners, 137. Gun-Shot Wound of Abdomen, 238. Health of Scientists, 69. Heavy Dose of Mercury, 213. Horrible Chinese Custom, 283. Hydrachloride of Ethylbromophenylenediamine, 93. Hydrophobia, 92. Hypochondriacal Melancholia, 33. Injections into the Spleen, 294. Insanity in Australia, 214. Instinct and Intelligence, 189. International Medical Congress, 214-233-287. Inventor of the Laryngoscope, 120. Inverted Nipples, 22. Iodoform in Fissure of the Anus, 69. Journal Changes, 93. Journal of Mental and Nervous Diseases, 234. Lady Graduates at Zurich, 70. Laryngoscope, its Inventor, 120. Leucocythæmia, 93. Location for a Physician, 119. London Medical Record, 140. Madame Bres, Appointment, 140. Mlle. Lehms, 69. Male Girl, 120. Marriage and Longevity, 70. Medical Appointments in Vienna, 141. Medical Catalogues, 213. Medical Editors' Association, 70. Medical Representatives in the Ontario Legislature, 236. Medical Students in London, 236. Medical Theses, Prof. Gross' Opinion, 237. Mineral Water in Itedneing and Adding Fat, 94. Mormon Motto, 93. Morphine and Whiskey Case, 119. Multum in Parvo, 183. Nature of Vaccine Virus, 240. Nelaton's Method in Death from Chloroform, 43. New Aids to Diagnosis, 94. New Jersey Medical Society, 92. New Journal, 92-233. New Mode of Burial, 93. New Perfume, 183. New Poultice, 45. Nitrate of Silver Pills, 187. Nitric Acid in Diseases of the Neck of the Uterus, 239. Not Religious Enough to be a Prostitute, 120. Novel Reunion, 98. Obstacles to the Progress of Homoeopathy, 262. Old, but True, 283. One-Sided Development, 189. Personal, 70. Physiological Experiments upon the Human Corpse, 53. Pitting in Small Pox, Prevention, 23. Professional Fame, 261. Popular Health Almanac, 119. Prescribing by the Lally, 141. Prof. Bouillaud, 213. Prof. J. M. Good's Appointment, 119. Prof. Gross, Presentation to, 69. Prof. Hamilton, 69. Prof. Post's Resignation, 93. Prolonged Gestation, 283. Proprietary Medicines, their Analysis, 13. Prostitution in Vienna, 284. Punch on Quackery, 69. Quack Medicines and Religious Journals, 95. Quadruplets, 69. Qualifications of English Eclectics, 215. Removal of Comedones, 22. Returning the Visits, 261. Rev. Stephen H. Tyng on Quacks and Religious Journals, 95. Rivers of Whiskey, 93. Sad Affliction, 120. Salicylic Acid, 187-215. Scoda, 69. Singular Obstetric Custom, 94. Sir James Paget, 140. Slow, but Sure, 93. Small-Pox in New York City, 291. Spurious American Diplomas in England, 236. Suspended Journals, 234. Sulphide of Calcium in Diabetes, 236. Swallowing a Screw, 283. Syphilitic Ghosts, 92. Syrup of Coffee, 216. Temperature of Drunkards, 233. The Latest Disease, 92. Tracheotomy in Diphtheria and Croup, 187. Translations of American Medical Works, 236. Trichinised Meat, 167. Treatment of Varicella, 234. True Homoeopathy, 93. University of Zurich, 94. Uses of Salicylic Acid, 215. Uterus, Why subject to so many Ills, 186. Vaccination with Fatal Results, 120. Vaccine Virus, its Nature, 240. Vanity of Linnaeus, 73. Veterinary College, 139. Volta's Brain, its Weight, 43. Wells' Monument, 71. West Virginia Medical Student, 186. Wet Strapping, 189. What's in a Name? 71. Whooping Cough, 187. Why are Brain-Workers Long-Lived? 71. Yellow Fever at Key West, 141. Ziemssen's Cyclopaedia, 119.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## PHARMACEUTICAL DEPARTMENT:

Acid, Carbolic, Failure as a Disinfectant, 283. Acid, Salicylic, 261. Acid, Phosphoric, Preparation of, 239. Addition and Subtraction, 290. Almanac, Popular Health, 231. Cachet de Pain, 201. Deodorizer, Chloride of Lead as, 281. Ergot, Alkaloid of, 261-relative Test for, 281. Hydrarg. Cunctata, pills of, 260. Oil. Morrhua, new way of giving, Oils, Volatile, pill mass of, 236. Quinia, Salicylate of, 261. Quinia, Tasteless Preparations of, 261. Santonine, New Preparation of, 262.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



## St. Louis Clinical Record.

VOL. II.

APRIL 1876. D.C.

NO. 1.

Original Communications.

## TRACHEOTOMY IN CROUP.

BY J. B. de LAURENT, M. D.

*Ancien interne des hôpitaux de Paris.*

Tracheotomy is now well established, but we should not ask of it more than it can bestow, as some physicians would who assume this position by renouncing the operation as being too uncertain in its results. Tracheotomy is not a method of treatment of, nor a means of cutting short croup, but it is a powerful palliative measure, which, by prolonging the child's life for some days, gives the physician time to combat, often successfully, the affection which has necessitated the operation.

On the other hand, in the case of a foreign body arrested at the level of the vocal chords, obstructing the glottis, tracheotomy becomes a specific, if I may thus express myself. This is not the case in croup (and by this term I would speak only of diphtheria localized in the larynx, not including false croup, or *laryngismus stridulus*, and other forms of laryngitis accompanied by paroxysms of suffocation). In croup, then, the physician finds himself in the presence of a *general* disease, diphtheria, a true toxæmia, whose specific cause, whether animated or not, is still unknown, and with one of its localizations which may for a moment, by the intensity of its symptoms, cause forgetfulness of the general disease. When the false membrane has invaded the glottis, and its orifice has become too narrow to allow the passage of the volume of air necessary to hematoësis, asphyxia becomes imminent; from hour to hour the cyanosis increases and notwithstanding the more and more violent efforts of the child, the paroxysms of suffocation become more frequent and the fatal moment approaches; either the poor child, often still retaining all his intelligence, succumbs in this terrible struggle; if, thanks to tracheotomy, you open, at this supreme moment, a new passage to the air, the child revives at the instant, and often, in a few minutes after the operation, he sleeps a tranquil sleep, with full

and regular respiration. But it must not be forgotten that the danger is removed for the moment only, and that the general disease, the diphtheria is still present; the physician has gained a few days and can again combat the disease.

It often happens that in the presence of a case of croup with general diphtheria, which has reached the last or asphyxic stage, the physician, after having made every effort, abandons the child to inevitable death. Is it not rather worth while, even in the most desperate cases, to prolong the struggle to the end? I well know that your efforts will often prove unsuccessful, but what does this signify! You will have done your duty as a physician, and you will have nothing with which to reproach yourself.

I have seen some desperate cases where the boldest hesitated to perform tracheotomy, and some of these have proved successful. I will relate one such from my own practice:

One evening, there was brought to me at the Hospital of St. Eugénie, a little boy aged three and one-half years, affected with croup. The child was in a state of extreme asphyxia, respiration harsh and dry, whistling with both inspiration and expiration, there was complete aphonia; the paroxysms of suffocation were almost continual; the sub-sternal *tirage* was considerable; the child made tremendous efforts to breathe; the vesicular murmur was no longer heard; at the right apex, dullness and tubular respiration (pneumonia).

The throat and nares covered by false membranes; the face was swollen, and the complexion leaden; the urine contained an immense quantity of albumen, the pulse scarcely perceptible; besides, the child was hemiplegic with atrophy of the limbs of the side paralyzed (infantile paralysis), and was covered by a scrofulous eruption which was confluent upon the face and scalp. The presence of pneumonia, the enormous quantity of albumen, and the child's lack of vital power seemed to me to be very strong contra-indications, and I hesitated some time before operating. The result was quite different from what I had thought. Not only was the child completely cured, thanks to tracheotomy, but the cure took place with rapidity.

Thus, notwithstanding the very evident contra-indications, the operation saved the child.

I would not say that it would always result thus, but that even in these apparently most desperate cases, I believe that tracheotomy may be useful, and should be more often performed.

Let it be well understood that the result will often be bad enough, but the lives of some children that you have thus torn from the jaws of death will recompense you freely for your unsuccessful cases. This and other analogous cases which I have often witnessed have led me to believe that, generally, contra-indications to tracheotomy are too easily admitted. In this view, I agree entirely with my superiors at the St. Eugenie Hospital. At some future time, perhaps, I may change my views upon this subject, but I doubt it, for during the year 1873, at the St. Eugenie Hospital, where I was *interne*, I performed tracheotomy forty-two times, and saw it done two hundred times during the same year. I can, therefore, claim some experience upon this subject. I have been extraordinarily happy as to the result of my operations; for in forty-two tracheotomies I have had fourteen completely successful, and six partially so (children who have died within a month after the operation of eruptive fevers, especially of measles while the wound in the trachea was not yet completely closed). I find this result a little too flattering, and believe that in a much larger number of cases my statistics would be, perhaps, somewhat less brilliant. At the Hospital St. Eugenie, in cases of croup, we always operate, even in the most complicated cases. The statistics of the year (1873), based upon about two hundred cases, show one complete success in four and one-half cases, or rather, two in nine. At the Hospital des Enfants Malades, (*Rue de Sevres*) where, on the contrary, complicated cases of croup are not submitted to operation, statistics show one success in five operations, or rather, two in ten; the difference between these results is not great, but is in favor of the opinion which I support; but too great importance should not be attached to this fact; these figures simply show that the results where a great number of cases are analyzed, are almost identical, whether almost all cases or every case is subjected to operation, or whether contra-indications are considered. In fact, quite frequently, croups, uncomplicated at the time the operation is judged necessary, become com-

plicated almost immediately afterward, the diphtheria continuing to progress. I have often seen children affected with pseudo-membranous croup, the membrane being limited solely to the larynx, who in a day or two after the operation exhibited false membranes on the pharynx, nares, etc.; in a word, a case which was thought simple at the moment of operation, becomes complicated, and the prognosis is thus completely changed. From my previous remarks it might be believed that I think that without tracheotomy croup can not be cured; on the contrary, I am persuaded that this operation should be undertaken only when the child can not be saved by ordinary therapeutic measures. I have treated quite a large number of children affected with croup, who had even reached the stage of asphyxia, yet, who have recovered perfectly without operation. Tracheotomy ought not to be undertaken until every other means have been essayed; it is an extreme measure which should not be prematurely employed. From what I have seen, I prefer to operate late, if there remains some little hope of obtaining a happy result from some other plan of medication. It is necessary to know how to wait. But as soon as asphyxia arrives at the point of menacing the life of the child, we should then not delay an instant; for the more you wait, the more the strength of the child diminishes, and the greater danger there is of a terrible hæmorrhage during the operation; the more you have waited, the greater is the necessity of operating rapidly to the end of averting syncope and even death.

In croup there is formal indication to operate when, notwithstanding the various therapeutic measures undertaken to cut short the affection, asphyxia has made rapid progress, and the child has reached the extreme period when death is about to terminate the struggle; at this time the attacks of suffocation succeed each other quickly almost without interval; the child, seated upon his bed, struggles desperately—the type of orthopnea; there is complete aphonia; the respiration is rough, dry stridulous in inspiration and expiration, it is heard at a considerable distance; at each inspiration the sub-sternal region is depressed likewise.

The skin is sometimes cyanosed, sometimes pale, according to the rapidity with which the

asphyxia developes. The lips are blue, the eyes brilliant and fixed; the anterior portion of the neck is swollen at the base; the superficial veins are widely dilated; the cutaneous sensibility has almost entirely disappeared; the pulse becomes very frequent and almost thread-like. On auscultation the vesicular murmur is no longer heard, even at the base, nothing is audible but tracheal sounds. When the child has reached this point, there is no longer time to hesitate, it is necessary to operate immediately. If there are pulmonary complications, if the diphtheria is general, fear not to operate, you can not aggravate the condition of the child.

But it is not necessary to operate when, in case of generalized diphtheria, with well-marked asphyxia, the voice of the child is still intact, and the vesicular murmur can still be heard at the base; for then the asphyxia is not produced by mechanical obstruction in the larynx—it is then due to the alteration of the blood, the globules of which are no longer able to take up the necessary quantity of oxygen; the operation is then not only useless, but it may precipitate the death of the child. To sum up: When in diphtheritic croup, asphyxia appears to be the result of a mechanical obstruction in the larynx, operate, notwithstanding the complications; when, on the other hand, it is the result of empoisonment of the blood, refrain from operative interference.

The operation having been decided upon, it is necessary to act without loss of time. The instruments absolutely necessary for this operation are the following: a straight bistoury, a probe-pointed bistoury, a dilatator with two branches, an insufflating tube, artery forceps, tracheotomy canulas of different sizes, suitable sponges, and some fine old linen. All these instruments are so well known that it is not necessary for me to describe them. The straight bistoury should be rather small than large, the blade ought not to be too narrow, nor its extremity too pointed, but it is absolutely essential that the instrument should cut very well that it may divide the tissues without using much force. I know not how many special instruments have been invented to make tracheotomy safely and rapidly. But these instruments give brilliant results only upon the cadaver, and generally succeed badly upon the living subject, even if in the hands of their in-

ventors. The instrument which one has constantly in his hands is the one to use, and with a little practice, a tracheotomy may be made better and more rapidly with a bistoury alone than with no matter what *perfected* instrument.

Experiments upon the cadaver can teach us nothing in learning how to perform this operation, for in the cadaver there is no hæmorrhage, nor the considerable swelling of the neck which completely modifies the thickness of the tissues to be passed through before reaching the trachea. The capital point in this operation is to always preserve one's self-control, and to operate slowly and with method; this is the best mode of proceeding quickly; presence of mind must not be lost at the sight of even an abundant hæmorrhage following the first stroke of the bistoury. This hæmorrhage, although so frightful, ceases spontaneously as soon as the trachea is sufficiently opened. One point, not to be forgotten, is to cut exactly upon the median line, for upon either side of the trachea the carotid artery or internal jugular vein may be wounded.

If you operate during the day, place the child before a window so that the light falls well upon him; if it is at night, expose him to a sufficient light.

Your instruments should be placed upon a small table disposed conveniently to your hand.

The metallic plate which supports the canula should be protected by a piece of court-plaster interposed between the wound and the metallic plate; two pieces of tape should be attached to the rings of this plate, and must be long enough to be easily tied behind the child's neck. Warm and cold water should be at hand, warm linen (or cloths) in order to change the child; and finally, feathers to clear the canula.

The child is to be placed upon a table covered with a mattress and a cloth; the table should not be too wide, so that the assistants may be at their ease; a bolster is also necessary, which should be quite hard and not too large; a block of wood makes an excellent one, or a bottle rolled in a blanket will do.

When the table and instruments are thus made ready, have the warm and cold water brought convenient to your hands, with some sponges and napkins. After having undressed the child you wrap him in a cloth. You place

him upon the table in such a way that the bolster is placed under his shoulders and the nucha; the head is to be held by an assistant; the child's arms, placed parallel to the body, are to be confined by folds of the cloth, and held by another assistant who places himself facing you; finally, if the child is not large, a third assistant may hold his legs by applying his hands to both knees of the child. The operator places himself then at the right of the child.

The child must be maintained absolutely immovable until the operation is completed. The whole issue of the operation depends upon the assistant who holds the child's head. This is the manner of procedure: the assistant stands behind the child, placing the palm of each hand upon the cheek of the patient, the thumb being applied to the forehead and his index and middle fingers below the inferior maxillary; then, without employing too much force, the assistant may draw the head upon the bolster in such a manner as to flex the head backward; it is then essential that the head be maintained very steadily in this position, the success of the operation depends upon this.

The skin covering the entire anterior region of the neck is thus put upon the stretch; the thyroid cartilage projects much more than in the normal position, and, what is of the greatest importance, the distance between the lower margin of the cricoid cartilage and the sternal fork is thus increased by at least one-third; you are thus removed farther from the great vessels at the base of the neck, and, by the increased projection forward of the larynx, the carotids and jugulars are removed farther toward the sides. If you have caused the head to assume this position, and insure its maintenance during the course of the operation, the operative procedure becomes easy of performance.

Before placing the child in this position, with the index finger of the left hand you should seek the exact position of the cricoid cartilage, and when you distinctly feel the lower edge of the cricoid ring, you pick it up—so to speak—with your nail; then, placing the thumb and middle finger of the same hand upon the sides of the thyroid, the larynx is thus fixed, and then the head of the child is to be placed in the above indicated position.

Placing yourself at the right of your patient, his head and body being fixed firmly in position, your left hand fixing the larynx, the index finger showing the position of the cricoid; you now commence your incision in the skin just at the level of the lower border of the cricoid, that is to say, at the point of the nail of your left index; you make your incision from above downward and upon the median line, this is of the utmost importance. You should begin your incision by holding the bistoury almost perpendicularly, and, as far as possible, dividing only the skin and the sub-cutaneous cellular tissue. The length of your incision will vary, with the age of the child, from one inch to an inch and a half, in very young infants it may be well to make it only eight-tenths of an inch in length. It is better to make the cut a little too long than too short. But in all cases your incision should never reach lower than the middle of the space between the cricoid and the sternum, if you go lower than this you will be so near the great vessels, that there will be imminent danger of wounding them; if this should occur you will have a hæmorrhage that often can not be checked.

This primary incision, when the child is much asphyxiated, will often be followed by a considerable flow of blood; this is not to be regarded, for as soon as the trachea is opened and the child has respired freely, all hæmorrhage ceases. Do not allow the blood to frighten you, continue the operation with calmness, for this is the best way of going quickly. Pass the bistoury again in the line of your incision, always from above downward, until the tissues are all divided down to the trachea. When you think your incision is deep enough (its depth will vary much according to the amount of swelling of the neck,) with your left index finger, which holds the cricoid in position, you explore the wound, and easily feel the rings of the trachea through the mass of cellular tissue which remains more or less thick, but the middle finger and thumb should not leave the thyroid cartilage.

If you do not distinctly feel the rings of the trachea, with the pulp of the index, it will be necessary to pass the bistoury again over the line of the incision. If they are felt distinctly, with the nail of the index, you catch the lower edge of the cricoid cartilage, and guiding your

bistoury by the nail, you penetrate the trachea perpendicularly, then, inclining the bistoury slightly, you divide, always upon the median line, three, four or five of the tracheal rings, in such a way as to open the trachea to an extent nearly equal to the incision in the skin.

You ascertain the fact that the trachea has been penetrated by the whistling of the air as it enters the air passages.

Laying the bistoury aside, you take up the dilatator and introduce it, closed, into the opening in the trachea, guiding upon the finger which remains in the wound; you open it and fasten it so that the dilatator shall remain well opened. The child is then allowed to take several good inspirations, and to free himself by efforts at coughing, from the blood which may have flowed into the trachea, and often from the debris of false membrane and mucous. The hæmorrhage ceases almost instantaneously.

When the child has respired sufficiently, you introduce the canula into the opening, formed by the separation of the branches of the dilatator; in order to introduce it easily, introduce it sideways at first, then, by a slight movement of rotation, bring it to the median line.

When you are certain that the canula is well into the trachea, which you will know by the sound of air passing in and out, the dilatator is to be carefully withdrawn, and the canula is fastened firmly in its place by tying the tapes behind the neck. If you have any doubt about the canula being well into the trachea, introduce a feather into the canula, if you meet with no obstruction, you are in the trachea; if, on the contrary, the end of the feather is stopped, it shows that you have followed a false passage, the extremity of the canula is outside the trachea. We will return, in a moment, to this difficulty of introducing the canula.

The canula being well in place in the trachea, the child is rapidly wiped, and a fine cloth is placed over the opening in the canula, (to prevent the entrance of dust), which is lightly tied behind the neck; in a few minutes you will be obliged to change the first cloth, which will become soiled rapidly, and also tighten the canula a little, for, thanks to the reestablishment of the respiration, the swelling of the neck soon diminishes.

In performing this operation I believe I can not exaggerate the importance of insisting upon the following points:

First. The absolute necessity of maintaining the child perfectly motionless, and the head in the position of posterior flexion; when the assistant accomplishes this, the operation is an easy matter, but, if the head is allowed to come forward in the slightest degree, it is a very difficult one.

Second. To preserve the absolute immobility of the thyroid cartilage until the close of the operation and not to abandon the cricoidean landmark under any pretext whatever; owing to the fact of having a well-fixed landmark, you always know where you are; your bistoury may be always guided by your finger. There is no necessity for seeing the depths of the cut, and, consequently, no need of the sponge, which would cause loss of time, and necessitate one additional assistant. The less the tissues are disturbed, not being in any way pulled about, the better able you are to follow the line of your first incision; which not only facilitates the introduction of the canula, but it is also of the greatest importance in relation to the healing of the wound. For when the wound is clean cut the canula contuses the tissues much less, and the danger of gangrene of the wound is thus removed.

If you will follow these rules exactly, and preserve your presence of mind, you will be astonished at the facility with which you will perform this operation, which appears so frightful to so many physicians.

Thus: 1. Take time; fix the head by help of an assistant; fix the cricoid and thyroid cartilages with the left hand; incise the skin and cellular tissue down to the trachea.

2. *a.* Incise the trachea, following the indications for the direction of the bistoury.

*b.* Introduce the dilatator closed, always upon the finger; allow the child to rest; then introduce the canula.

The incision into the trachea, is often insufficient in extent to allow of the introduction of the canula, in this case it suffices, the dilatator remaining open *in situ*, to enlarge the tracheal incision with the blunt pointed bistoury, cutting from above downward.

We will now pass rapidly in review the difficulties and complications which may present themselves at the different stages of the operation. There remains, besides, to speak to you of the attentions to the patient con-

secutive to the operation, attentions without which it is impossible that the operation should give good results.

Olive and Eighth sts., St. Louis.

[CONCLUSION IN THE NEXT NUMBER.]

### *CASES ILLUSTRATING REPAIR BY IMMEDIATE UNION; WITH REMARKS.*

BY S. EAGON, M. D., ST. LOUIS.

#### CASE I.

On the 20th of September, 1867, we extirpated a subcutaneous lipoma the size of an American walnut from between the shoulders of a man aged about forty-five, and in vigorous health, by making a vertical incision through the skin and superficial fascia, dissecting out its capsule by separating its laminae, one of which was left in connection with the surrounding tissues. The small nutritious artery severed in this process of enucleation gave rise to but trifling hæmorrhage, which soon ceased, and the blood thus effused was soaked up by gently applying a soft sponge. Having thus freed the cavity and lips of the wound of all extraneous matter, its surfaces were nicely and gently coaptated and retained in position by means of a silver suture in its middle, on either side of which was placed an adhesive strip, the dressing was completed by placing over the wound a compress, composed of a layer of patent lint covered by several folds of soft linen, supported by adhesive straps and roller. Having premised an aperient and now enjoining restricted diet, quietude, and the avoidance of exposure to vicissitudes of temperature, the wound was left undisturbed for three days.

Sept. 23d. Incision united its whole extent, save at point of suture, where we find a small scab. From the date of the operation up to the present period, neither pain nor other symptom of inflammation has been suffered by the patient, and we feel confident that this pathologic process, with its products, has not entered as an element in the production of the favorable result. Gentle, though steadily maintained coaptation of the surfaces of the wound, together with the prophylaxis of inflammation, were considered the chief points to be kept in mind in the treatment.

Sept. 25th. Dressings removed, including suture and strips. Scarcely a trace of the incision left in the shape of cicatrix, except at site of suture near the middle of the wound, where a small scab still remained. In the course of a few days more this scab fell off, leaving a cicatrix a line or so in length, the rest of the incision leaving no visible trace of its site.

#### CASE II.

July, 1868, a lad about fourteen, stout and in perfect health, received an incised wound, inflicted with a sharp pocket-knife, over the metacarpo-phalangeal articulation of the ring finger of the left hand, penetrating the joint and laying open the integument to the extent of two inches. Presenting himself a few minutes afterward, we had the wound promptly cleared of blood and brought together with silver suture and adhesive plasters, the surface for some distance round the wound and including its lips, covered with collodion, a light compress of linen and a roller applied, and to the palmar aspect of the member a light splint, the hand being placed in a "sling," an aperient administered and proper directions given as to regimen, etc. Dressing not removed for three days. Parts present a healthy aspect as respects temperature, sensations and normal relations; the collodion still adhering closely and the whole appearance indicating well, it was deemed expedient not to remove the means of support. Three days later all the dressings were removed and ligatures cut loose, on doing which it was observed that immediate union had taken place throughout the whole extent of the wound, leaving cicatrices only at points of suture.

#### CASE III.

In an operation which we performed some time since, consisting in part of extirpation of the lachrymal gland, and in a subject who had passed the summit of vigorous manhood and in whom the reparative powers were conspicuously waning, the incision made through the conjunctiva and integument at the external canthus for this purpose, united in two or three days under appropriate treatment, by immediate union, the rest of the wound made in the operation, (to which this method was not applicable), healing by granulation.

We might adduce many more examples of healing by immediate union from notes of our own cases, but the foregoing will suffice to illustrate our subject, and we have selected them from among others, on account of their simplicity as serving therefore the better to exemplify the nature of this kind of repair.

Of the several processes employed by nature in the repair of open wounds, the following are accepted by modern pathologists as the chief if not the sole methods, viz :

1. By immediate union.
2. Primary adhesion.
3. Granulation.
4. Secondary adhesion, or the union of granulations.
5. Healing under a scab.

Of these processes it is characteristic of the first, or that by immediate union, that the result is accomplished speedily, as implied in the term, and without the production or interposition of any new material; it being, indeed, a simple re-union of the divided structures, unattended by inflammation in the parts concerned. In all the other modes of healing, new material must be formed and organized, which shall serve as the new bond of union between the parts whose continuity was destroyed by the wound. In all these, too, inflammation—with its peculiar product, coagulable lymph—must constitute a part of the process. In a practical application of a knowledge of this subject, each of these methods has its own particular sphere of usefulness and importance, and the intelligent and skillful surgeon soon acquires in the daily round of practice, the power of discriminating his cases which belong to the one or the other class. We have neither time nor ability to treat of each of these wondrous processes in all of its interesting phases, so fraught with utility and beauty as they are to the true devotee of science, and what follows will refer to that portion of the subject of "repair" which the clinical histories of the cases above detailed are intended to illustrate, viz: immediate union.

Of all the modes of healing open wounds, none other is so simple and beautiful, none so speedy and perfect in its results, none so devoid of dangers, inconveniences and doubts, as that by immediate union. It is, indeed, incomparably superior to all other methods of

repair in all that class of wounds to which it is applicable, and in all such cases it becomes the duty of the surgeon to engage all the means at his command for its accomplishment. Not the least among the advantages of this method of union is the avoidance of unsightly scars, especially if the injury should fall upon the features of the face, and in the case of females, upon the arms or chest also.

We are convinced that, even at the present day, notwithstanding the high degree of perfection to which our art has attained under the intelligent cultivation of so many laborers, the advantages of immediate union not being appreciated to their full extent, this method is not made available to the full measure of its applicability. Quite a large proportion of the wounds with which we have to deal, whether inflicted by the hand of the surgeon or otherwise, embracing all superficial incised wounds, and even the deep, if no large vessels be divided, occurring in young or middle-aged subjects, of healthy blood and good strength, will be found amenable to this kind of repair. It should be kept prominently in view in treating incisions through skin and superficial fascia, etc., made in the extirpation of subcutaneous tumors, even when of large size, and requiring the removal of an elliptical portion of integument, with extensive reflection of the same layer. It is in such cases that the best results have been obtained, and it possesses a double value when the wound is situate on the face. No liability to erysipelas, pyæmia, septicæmia or other accident is incurred here, which are so frequently complications of other methods, and the unsightly scar with its inconvenient contraction, is in like manner avoided. In amputations, too, extensive flaps may be thus united in part if not throughout their whole extent, thereby saving the sufferer much valuable time and an exhausting drain upon his system. These are briefly some of the cases to which immediate union is applicable, with some of the advantages which it possesses, and they are sufficient, we deem, to claim for it the earnest consideration of the conscientious surgeon.

Before entering upon the treatment of any wound it would not be improper for the surgeon to put the query to himself: By what method is this injury to be repaired? If it be decided by immediate union, then the indications will

be, first, to effect complete coaptation of the surfaces of the wound, which is to be maintained for several days by gentle and uniform support; second, the prevention of inflammation by the use of aperients, restricted diet, (especially in plethoric subjects) rest, and the avoidance of exposure to vicissitudes of temperature. If the wound is to be healed by this mode, it will, under this plan of management, be accomplished in less than three days, and if failure be the result, and healing have to take place by another method, nothing will have been lost by our efforts to secure the first process; since it is a well established fact in pathology, that there is a period of incubation, so to speak, in every other kind of healing, during which time there is no production of reparative material, and this time of inaction is not less in length than that necessary for the completion of immediate union. No risk of danger is therefore incurred by attempts at immediate union, and on the other hand, when it is successful, it constitutes the sunbeam of surgical excellence.

The whole subject of repair is one of surpassing beauty and importance to the surgeon, and affords a theme for study and reflection of which he should never weary. This inherent tendency in all organized beings to repair lost perfection, is one of the most marvelous things in the whole compass of human knowledge, and is but the expression of a natural law, which, in its vast scope, is coextensive with life itself, and in its study we can not fail to admire the perfect adaptation of means to an useful end, ever testifying to the wisdom and design of Deity, which the study of His works everywhere reveals, and which as constantly seems ordained for the benefit and well-being of His creatures.

2723 Washington av., St. Louis, March '75.

## Clinical Reports.

### MEDIO-LATERAL LITHOTOMY BY AN EXTERNAL SEMILUNAR INCISION.

REPORTED BY T. H.

Having been, during the last eight months, an assistant at Dr. Lankford's clinic, I have, in that time, seen him perform lithotomy by a

method which has seemed to me very simple, and so far as these cases could illustrate it, perfectly adapted for the removal of all stones which may be found in the bladder. I will give the cases first, and then briefly describe the operation:

#### CASE I.

H—, fifty-three years of age, had been a broker, but failed, and becoming very dissipated, was admitted to the hospital in delirium tremens. After recovery it was observed by the physician to the ward that he had marked symptoms of stone. He was sounded and the stone detected at once. The history of the case made it probable that he had carried it for several years.

After some preparatory treatment, Dr. Lankford operated and removed a stone that weighed one ounce and twenty grains. He had traumatic fever on the evening of the second and the morning of the third days. On the fifth day he had an ague fit, and this was repeated on three successive days. Recovered from these under the influence of quinia.

On the eighth day all urine ceased to pass by the cut, and he now began to walk about the ward and grounds and made a perfect recovery in every respect. He had lost his virile powers before, and was, in fact, generally broken down. His strength now returned, and he boasted of a sexual capacity equal to any previous period of his life. His general health seemed unexceptional.

#### CASE II.

E. M., a boy ten years old, born in St. Louis of German parents, had suffered with symptoms of stone for nearly five years. Operation performed at the house of patient's parents. Stone removed weighed five and a half drachms. He ceased to pass urine through the cut on the fifth day and made a complete recovery without any untoward symptom.

#### CASE III.

Charles M., born and raised upon a farm in Illinois, twenty-three years of age. Family physician reports that he had observed symptoms of stone from patient's infancy. Dr. L. first examined him in his office, and then sent him to the hospital. The stone was detected at the first sounding, but the patient being



suddenly attacked with intermittent fever, the operation was postponed for a month, and he was cut the 10th of October, 1874. The stone weighed seven and a half drachms. The operation was performed with the usual facility, and the patient was apparently in excellent condition until the third day after the operation, when he was suddenly attacked with a violent return of the intermittent fever, and it was a month before he entirely recovered. Two weeks later the cut had closed and he was permanently convalescent. He has not suffered the slightest inconvenience since from irritable bladder or otherwise.

## CASE IV.

M. W., aged thirty-six, a native of Germany, has suffered from stone for fifteen years. Was cut six years ago by a physician in his native town, who failed to find a stone. Two years afterward he was operated upon in Vienna and a small calculus removed. He was only partially relieved, however, and was suffering as much in eighteen months after that operation as before. When he presented himself at Dr. Lankford's office, on the 5th of March, he was suffering from severe cystitis. Said he evacuated his bladder from fifteen to thirty times a day, suffered from constant pain, and his urine threw down copious deposits, while violent exercise would generally produce hæmorrhage.

Microscope showed the urine to be loaded with pus.

He was sounded, the stone detected, and, being very nervous and anxious, Dr. L. consented to cut him the next day. He did so, and extracted a small calculus that would not weigh more than one hundred and sixty grains. But careful examination demonstrated that there was left much sandy debris and many small bits of stone behind. These were removed by the scoop and carefully washed out by syringing. The bladder was found to be in a very bad condition, much thickened, and its interior rough and uneven instead of smooth. The streams of water thrown in washed out flakes and strips of what appeared to be the diseased mucous coat, although this could not be positively ascertained.

At the date of this report, March 16, 1875, he is doing well. His general condition has improved materially since the operation.

March 20th, discharged well.

The operation is performed as follows :

The patient being placed in the ordinary lithotomy position, with the same number of assistants and the same instruments as are needed for the "lateral" operation, the surgeon makes the external incision at one sweep of the knife. The blade is entered upon the left side at a point midway between the tuberosity of the ischium and the anus, and is carried around the anus in front about three-fourths of an inch from the border of the anus to a point opposite that at which it was begun.



Diagram.

A few touches of the knife divides the remaining connective tissue and fat. The surgeon now introduces the fingers and pushes down the rectum out of harm's way. He next searches for the staff, and fixing his finger in the groove, carries the knife along its dorsal aspect in the usual way, as in lateral lithotomy. In fact, after the external incision is completed, the internal cut only differs from the internal cut in the lateral operation in *extent*—in cases where the stone weighs less than an ounce. That is, the knife held in the ordinary way is only pushed far enough to "nick" the prostate, the surgeon depending upon dilatation by introducing the finger along the staff as his guide into the bladder, and after withdrawing the staff, rotating the finger several times. When he feels the stone he introduces the forceps along the finger, and this is the second dilatation. The stone now being seized, is extracted carefully, the instrument being slightly moved from side to side and up and down as it is withdrawn.

If the stone is too large to be pulled through the dilated neck and prostatic urethra, the internal cut may extend entirely through, as in lateral lithotomy—provided it is of the hard variety; if soft, it may be easily crushed and extracted piecemeal. A thorough syringing will then cleanse the bladder of all debris, etc.

Or, if it be remarkably large, an incision may be made upon both sides, the external incision giving the surgeon as much room upon the right as the left side, a great gain.

The advantages of the operation are: It enables the surgeon to make the extraction in the middle line instead of to one side, as in the lateral operation, thus giving more room. This materially decreases the danger of bruising, etc.

It furnishes an opening through which the finger may be carried much deeper into the bladder than in the ordinary lateral, or any of the accepted median operations. Practical lithotomists know what a valuable consideration this is. Its advantages are too obvious for discussion.

It enables the surgeon to proportion the size of the internal cut to the size of stone to be removed. It is obviously a violation of the sound maxim—that “the stone should always be extracted with the least possible injury to the soft parts,” to make the same sized cut to remove one of much greater dimensions. And yet this is the usual custom of lithotomists.

Not a single important structure is cut.

And, finally, all the cases reported as operated upon by this method, (forty odd,) so far show that patients recover in a shorter time than by the old established operations.

Dr. J. M. Wood, of Kansas City, has been practicing this operation with unexceptional success for over twenty years. He reported cases illustrative in the *Kansas City Medical Journal* for January, 1871. Sir William Ferguson, in a lecture upon lithotomy, in 1868, advocates it, substantially, in a most learned, able and exhaustive manner. The late Dr. E. A. Clark, of St. Louis, I believe, operated three times, with the success already indicated. And, finally, I beg to refer to the brief history of the above cases.

### A CASE OF PLACENTA PRÆVIA.

BY J. K. BAUDUY, M. D., ST. LOUIS.

Having, within the last six months, witnessed, in consultation, two cases of placenta prævia, one occurring in the practice of Dr. Alex. B. Shaw, a full report of which was given in the *RECORD*, I shall now briefly give the details of the second, to which I was called on the 7th inst., by a German midwife, of this city:

Mrs. K., a strong, robust multipara, at full term, had been profusely bleeding for two hours prior to my arrival. Upon examination I ascertained the existence of a complete placenta prævia. The os uteri, although only dilated to the size of about a half dollar, notwithstanding, was quite dilatable. Recognizing the immediate necessity of prompt delivery

to save, if possible, the lives of both the mother and the child, I determined to lose no time in evacuating the womb. Inserting two fingers as far as possible within the os tincae, I adopted the procedure which so successfully checked the hæmorrhage in the first case alluded to, and broke up forcibly all the attachments of the placental mass within my reach. Having previously taken the precaution to introduce my left hand, believing the presentation to be the first occipito-anterior position, without withdrawing it I then commenced my endeavors at the delivery by version. By persistent and gentle manipulations, the uterine cavity was soon entered, and not being able to discover any particularly detached portion of the placenta along which to pass, while seeking for the feet, I finally made a passage through the substance of the placenta, brought down the feet, effecting the version and the delivery with as great rapidity as possible. The child was still-born and resisted all efforts at resuscitation. The mother never experienced an untoward symptom, making a prompt recovery. Upon examination of the placenta, I found that I had actually dragged the child through its central portion. From the time that I broke up the adhesions the hæmorrhage ceased entirely. I felt great regret at the loss of the child, although I believe statistics prove that under such circumstances only one child in three is saved.

While my convictions are strong that Simpson's method, which I adopted in this case, will invariably staunch the further continuance of the flow, still, except in cases of most urgent necessity, I am inclined to think this plan should be deprecated as one too seriously compromising the chances of the child. Being fully aware of the immense field of literature which this vexatious discussion, tintured with no little acrimony, has given rise to, I shall withhold from further comment, which, for me, would be an act of supererogation, merely venturing the assertion that, in cases of profuse and dangerous hæmorrhage, complicated with a non-dilatable os, only three alternatives remain to the accoucheur—the tampon, Barnes' dilators, and Barnes' modification of Simpson's method, which consists in the separation of only so much of the placenta as lies within the cervical zone. The contingencies of individual cases can alone determine the course of action

to be pursued. Rapid delivery, either by version or the forceps, but generally the former, being the only guarantee of safety and success. This conclusion I believe to be correct, notwithstanding the extraordinary success claimed for Simpson's method by Dr. Charles Clay, who now seldom resorts to any other mode of treatment in cases demanding prompt and energetic interference. He claims that by turning, the mortality amongst mothers is about one in three, and amongst children one in two; while in the method of simply detaching the placenta from the cervix, the mortality of mothers is one in forty-four, and in children one in five. If the same success he attained should crown the efforts of all obstetricians, there will necessarily be a perfect unanimity in declaring this, *par excellence*, the standard treatment of this most dangerous and distressing complication; but the future experience of the profession has yet carefully to be culled before a final verdict can safely and fairly be pronounced.

#### A CASE OF NERVOUS DYSPEPSIA RELIEVED BY ELECTRICITY.

REPORTED BY CLAYTON KEITH, M. D.

Dr. J. T. B., of Louisiana, Mo., engaged in active practice, had been accustomed for several years previous to his attack, to take his meals in haste, and to drink freely and largely of cold milk and iced water at meals, and immediately afterward mount his horse and ride rapidly to visit patients in the country. Occasionally he complained of indigestion, and spit up his food. In August, 1869, he began to feel a peculiar sensation in the epigastric region immediately after meals. It was not a severe pain, but an uneasy sensation, which he likens to the bursting of bubbles in rapid succession, or to the twitching of a nerve. He attributed this peculiar sensation to the spasmodic twitching of the branches of the pneumogastric and sympathetic nerves distributed to the coats of the stomach; and, reasoning by analogy, concluded that the cold fluids introduced into the stomach had paralyzed or deadened the sensibility of the nerves distributed to the mucous membrane of the stomach—that the application of cold had produced local anæsthesia.

This uneasy sensation passed away in twenty or thirty minutes, unaccompanied by pain.

Patient had a voracious appetite, and digestion and assimilation seemed but slightly impaired.

During the next two years, however, he became greatly emaciated—lost fifty pounds in weight. He was not troubled with the usual symptoms of flatulent dyspepsia—did not complain of acid eructations, “belch up wind,” etc.

He began to treat himself, viz: 1. He used antacids. 2. He tried acids. 3. He tried the mineral water of Perry Springs, Illinois. 4. He consulted Dr. Boisliniere, who prescribed elixir bismuth, pepsin and strychniæ in drachm doses before meals. He continued this treatment for twelve months with marked benefit, at the same time eating “Graham bread,” cracked wheat, etc., instead of bread made of fine flour. 5. Afterward, when this treatment ceased to relieve him, he consulted Professor DaCosta, of Philadelphia, who prescribed the following:

R Ext. cannabis indicæ, gr. x.  
Ext. nucis vomicæ, gr. xv.  
Quiniæ sulph. 3 i.

M. ft. pil. No. LX. Sig.—One pill after each meal.

He has found great relief from the use of this remedy. At his own suggestion, he has been using, for the past two years, the continuous current, applying one electrode along the course and distribution of the pneumogastric nerves—at first using the battery daily—afterward twice a week. The unpleasant sensations in the epigastrium have been entirely relieved, and digestion and assimilation promoted. Patient has increased in weight and in strength, and is now again able to attend to an active practice.

He is now using, at the suggestion of Prof. DaCosta, the following:

R Tr. gentianæ co. 3 iij.  
Tr. capsici. 3 i.  
Tr. ignatiæ amaræ 3 iij.

M. Sig.—Teaspoonful after each meal.

He occasionally uses the battery.

LOUISIANA, Mo., March 10, 1875.

## Correspondence.

### PSYCHICAL OR PHYSICAL.

Mr. Editor:

The compiler of "Psychical or Physical" seems desirous of an unenviable notoriety, judging from his last exhibition of vanity and bad temper; he wishes to be considered an expert, he has demonstrated his ability as an expert in the use of the language of the fish markets—choice billingsgate—if in nothing else.

He does not even attempt to answer his reviewer's charges of bare-faced plagiarism, enunciating theories *not* "founded upon well known facts," the use of ridiculously stale platitudes, and wilfully falsifying his reviewer; all these charges having been fully proven from "Psychical or Physical" and in his later effusions, he confesses, by his silence, that they are unanswerable.

It is a well known fact that editors of few journals, professional or literary, dare admit adverse criticisms to their columns. The editors of the RECORD are, therefore, worthy of high praise for their impartiality. Luckily, all writers are not so thin-skinned in relation to the treatment of their literary bantlings; were it not so, editors and critics would, alike, require armor of seven-fold mosquito netting, all the year round, for protection against the assaults of these pestiferous insects, the would-be authors and *savans*.

We have no wish to follow this choice specimen, the compiler above mentioned, into the realm of blackguardism where he appears so much at home. Let him there reign alone, and throw mud at all passers by at his own sweet will; it appears to be amusing to him and is perfectly harmless to others.

If he finds any crumbs of comfort in the facetious remarks of the members of the Association of Superintendents, we are more than willing that he should. It is so suggestive, however, of Dogberry, that we are suspicious that he is attempting to appropriate that creation of Shakspeare, as he is in the habit of doing with other authors.

One assumption of his, and only one, is worthy of notice: That a man must have as long residence in a mad house as he has had

himself before he is qualified to discuss a psychological subject. "New and green" Superintendent Wallace, of Texas, take notice! You can not discuss any such subject for several years yet! Herbert Spencer and Bain, take back seats and listen to the lucubrations of your superiors! Investigating committees, go back to your legislative halls, and presume not to meddle with what you can know nothing about.

With many apologies for occupying your valuable space, we remain

"The Champion Reviewer,"

W. B. H.

## Extracts and Abstracts.

CAUSES AND NATURE OF DIPHTHERIA, WITH A REVIEW OF THE BACTERIAN THEORY.—Dr. J. Lewis Smith (*Virginia Medical Monthly*,) says that prior to the time of Bretonneau very little was known concerning the nature and causes of diphtheria; but it was amply demonstrated by the cases and arguments of this physician that the disease was due to a specific virus, and was communicable from person to person by inoculation, and in no other way. The result of later and more numerous clinical observations has fully confirmed the doctrine of contagiousness by inoculation, but also to establish the fact of the contagiousness of diphtheria through the breath of the patient and through exhalations from his surface. Of late a new line of investigation has been followed, namely: that of experimenting upon animals, the results being observed by the microscope, and while it has led to the confirmation of known facts, important discoveries have been made, and more important ones are probably in waiting. Oertel, Böhul, Hueter and others, in Germany, believe that they have discovered the cause of diphtheria, standing, as Oertel says, "on the very borders of the visible," with a high power of the microscope. The minute objects which these observers discovered in patients affected with diphtheria, and which they suppose cause the disease, belong to the class of microscopic vegetable parasites, which have been designated *bacteria*.

The bacteria have been divided into four genera, with species; but only two of these, the sphero-bacterium, or *micrococcus*, and secondly, though in less degree, because less numerous, the *micro-bacterium*, are supposed to sustain a casual relation to diphtheria. In every tissue, where there is diphtheritic inflammation, and in every diphtheritic pseudo-membrane, the spherical bacterium occur in im-

mense numbers, accompanied by a smaller number of the other kind. In severe cases they are found in the blood. When the symptoms of diphtheria become more grave, their proportionate increase can generally be demonstrated with the microscope. They are found in the discharges from the edges of wounds after tracheotomy for diphtheritic laryngitis, and they multiply rapidly upon these edges, just before a pseudo-membrane forms. If, upon any surface which is the seat of ordinary catarrhal inflammation, other vegetable organisms are present—if diphtheritic inflammation occurs, these organisms disappear, and are succeeded by the sphero and micro-bacteria, which increase in numbers as the specific inflammation extends. When, however, the diphtheritic inflammation abates, these bacteria disappear, and other forms may succeed. In the very onset of the disease the grayish, white spots which appear upon the inflamed surface, consist entirely of these bacteria, with epithelial cells and mucus, while fibrin and pus appear at a later period, as a result of inflammatory reaction.

Various experiments have been made to determine more fully the exact relation of the sphero-bacteria and micro-bacteria to diphtheria. Oertel did not find these organisms in croupous membrane, produced by chemical agents, nor upon the inflamed surface beneath the membrane, although the fibrinous exudation afforded a soil differing little or not at all in its histological and chemical composition from that induced by diphtheria. The mucous membrane of the air passages, the cornea and muscles in animals, were inoculated with diphtheritic matter, and these two kinds of bacteria were found to increase rapidly, penetrating the tissues in a short time, and infecting the system. Dr. Smith, after detailing other experiments of an analogous character, says that Erfurth repeatedly inoculated the cornea with a negative result, using for the purpose diphtheritic material from which the bacteria had been separated by agitation and filtration. The reason assigned why the diphtheritic inflammation appears primarily and chiefly upon the faucial and nasal surfaces, is that the air, which contains the germs of the bacteria, constantly passes over these surfaces, and, as regards the fauces, the ingesta also, which may contain them.

The important practical inference from this theory is, that *diphtheria is entirely local in its commencement*, and is, therefore amenable to local treatment. Two distinct propositions, the writer thinks, are included in the bacterian theory, to-wit: that bacteria cause diphtheria, and, secondly, that this disease is at first local, and that afterward it becomes constitutional or general by the entrance of the specific principle into the blood. Whether diphtheria is primarily local or primarily constitutional, or

is in some cases at first local and in others at first constitutional, is of course a distinct proposition from that regarding the relation of bacteria to the malady; and whatever the truth may be in reference to the one, does not affect the other. The writer next discusses the question in the light of clinical experience, and adduces, very impartially, certain facts for and against the theory of the local origin of diphtheria. On the one hand, he mentions cases, common in the experience of medical men, wherein the disease may commence with a high fever and other grave symptoms, and a genuine diphtheritic pseudo-membrane forms upon the fauces, and yet, by prompt and judicious treatment these symptoms abate, and the health is rapidly restored, although, as he justly states, this is not the usual or invariable result of treatment. Such cases can only be satisfactorily explained upon the ground that the system is not yet contaminated. If, on the other hand, the malady has already been in progress four or five days before the physician is summoned, all remedial measures are generally futile. Why this difference, he inquires, except that in these last cases diphtheria is no longer local, but has involved the blood and the entire system? Again, the fact that diphtheria generally manifests itself primarily at one point only, and that afterward inflammations may occur in different parts of the system, favors the idea that the contagious principle at first acts locally, and that subsequently it infects the whole system.

Other facts, Dr. Smith thinks, militate against a theory of local origin, as in cases where there is very little local disturbance, but in which from the severity of the initial symptoms, there is reason to believe that the blood is already infected. Probably in these cases the *materies-morbi*, whether bacteria or something else, has entered the circulation through the lungs. Moreover, the presence of an incubative period indicates the infection of the blood prior to the occurrence of the local phenomena. Clinical experience, therefore, the writer remarks, justifies the belief that diphtheria is, in certain cases, a constitutional malady in its commencement, while in other cases, if not in most, primarily local, and subsequently constitutional.

But the theory that bacteria cause diphtheria is not, of course, invalidated by the admission that the blood or system is sometimes infected before there is any local manifestation of the disease. Its truth or falsity must be determined by other considerations.

The view that diphtheria is caused by fungi receives support from the fact that it prevails most in places which are favorable to the development of low forms of animal and vegetable life, viz: in filthy and crowded apartments, along streets and alleys, and on low grounds, where vegetable and animal refuse collects.

The contagious principle of diphtheria, therefore, if not the spheroidal and micro-bacteria, has, to say the least, similar conditions for its development. It is, no doubt, some substance or entity which, if not already, may yet be discovered, either by the microscope or chemical analysis; and the phenomena of the disease indicate that if it be not the bacteria, it is, in all probability, something which is, in certain respects, similar to them.

But while certain facts lend support to the bacterian theory, certain other facts show, in my opinion, that there must be some other cause of diphtheria which is distinct from the bacteria. These facts the advocates of this theory have too much ignored. They are the following: In the intervals of epidemics, and in localities where diphtheria has not occurred, or has occurred rarely, the microscope discloses the existence of bacteria, which seem to be identical with those found in diphtheritic inflammations, and in sufficient numbers to justify the belief that they frequently pass over the fauces in the inspired air. Again, bacteria, which seem to be identical with those of diphtheria, are frequently found upon the gums, between the teeth in a state of health, where they produce no perceptible irritation. How remarkable, if the bacterian theory is true, that fungi, which, under ordinary circumstances, are innocuous, should exhibit the fearful energy and destructive power which we observe in diphtheria! It has been, however, suggested to me by a physician familiar with microscopical and pathological studies, that the diphtheritic bacteria may yet be ascertained to be different from the ordinary micrococcus, since the bacteria are very numerous, and it is very difficult to distinguish or identify organisms, which are "just on the borders of the visible." A fact which, till it is satisfactorily explained, must produce skepticism, it seems to me, in regard to the bacterian theory is, that the bacteria do not irritate the lungs. Certainly, if during inspiration, certain of them, carried along in the current of air, are arrested upon the fauces, where they produce the specific inflammation, a larger number must enter the lungs, where, we would suppose, from the delicate structure of these organs, and their proneness to inflammation, they would produce a general and severe pneumonia. So far from this being the case, pneumonia is a rare complication of diphtheria.

With a magnifying power of five hundred diameters, these parasites are seen as dancing or oscillating points, or rather as minute cells, shining or opaque, according to their distance from the eye. No one can, I think, observe their constant motion without admitting that they may, when in colonies, be irritants of the tissue with which they are in contact in the system, thus producing or intensifying the in-

flammation; and without also believing, since they are so much smaller than the blood corpuscles, that multitudes of them must enter the circulation, since, in the deepest portion of the pseudo-membrane, they are in immediate relation with the capillaries. It is not improbable, in view of these facts, that the spanæmia of diphtheria is partly attributable to these organisms in the lymph and blood, for they could hardly exist in these liquids in any number without interfering seriously with the nutritive process?

It is evident that the truth regarding the relation of bacteria to diphtheria lies in one of two hypotheses—either that these parasites are the specific virus, and therefore cause the disease; or that the cause is something more subtle not yet discovered which so alters the tissues and the blood that they become a nidus in which the bacteria are early and quickly developed, so that from being few and innocuous in the system, they occur in myriads.

My own belief is more and more confirmed that the latter is the true theory, and that Oertel and his associates have mistaken a consequence for a cause. I have lately, with my friend, Dr. Keitzmann, recently of Vienna, a most excellent microscopist, examined the secretions and exudations upon the fauces in various cases of pharyngitis, both diphtheritic and non-diphtheritic; and we have always found the micrococcus in abundance in the inflammatory product, whether diphtheritic or non-diphtheritic; a secretion or exudation, if it had remained for some time upon the surface of the fauces. In one case of simple pharyngitis no micrococcus could be discovered on the first day in the secretion which lay in the depressions over the tonsils, while on the second day numerous micrococci had appeared. The micrococcus in the inflammatory product upon the fauces certainly does not indicate disease of a specific nature. Does not also the general prevalence of inflammatory throat affections, some of which are very mild, during an epidemic of diphtheria, indicate an obscure meteorological cause of the disease quite distinct from the bacteria?

**ON BACTERIA.**—So much having been said lately about bacteria, our readers may be glad to read the following description of them, taken from a lecture by the able physiologist, Dr. J. Burdon Sanderson, published in the *British Medical Journal*:

The first fact that I shall advance with respect to bacteria is, that they are the smallest and least organized of all living beings. As regards size, it is best to judge by comparison with objects with which we are microscopically familiar. The most common rod-like forms are in length about one-third of the width of a blood-corpuscle; i. e., about 1-9000th of an inch, so small that, if we examine a liquid

containing them, with the ordinary magnifying powers used for histological observations, we can scarcely be said to see them to any practical purpose. It is necessary to have recourse to the best microscopes and the highest powers, if it be desired to observe them in such a way as to arrive at useful results.

What grounds have we for stating that they are the lowest organisms? One is, that they present only very slight differentiation of parts; but in this sense they are certainly not simpler than many other forms that might be referred to. The chief ground for the statement lies in this, that they are much less *specific* in their characters—much more under the influence of the conditions under which they originate and are developed—than organisms of any other class. Just as in the higher animals, and in man himself, we call those functions lowest which are most completely automatic—*i. e.*, most completely under the guidance of known conditions—so also, as regards form, we recognize that while all animal and vegetable forms, even the highest, are moulded by circumstances to fit their places in the economy of nature, this moulding power—this adaptation of form to circumstance—becomes more and more obvious the lower we descend in the scale of development.

The next fact relates to the *habitat* of bacteria, to the medium in which they live, water. They inhabit water either as such in the ordinary sense, or in the various conditions recognized as *moisture*, whether occurring on damp surfaces or as filling the interstices of solid bodies, which bodies, when so impregnated with water, are said to be damp. Those who are familiar with chemical work, know that this quality of dampness goes a great deal further than the popular notion of it; that many things ordinarily called dry, yield, when subjected to the drying processes commonly used in the laboratory, evidences of being really moist. Consequently, moisture, regarded as a limiting condition of bacterial life, is a very wide and comprehensive one.

From this statement it must not be understood that bacteria do not exist in the atmosphere. But their existence there in an active form strictly depends on moisture. They attach themselves, without doubt, to those minute particles which, scarcely visible in ordinary light, appear as motes in the sunbeam, or in the beam of the electric lamp. It is by the agency of these particles that they are conveyed from place to place.

Notwithstanding that the word bacterium means a rod, and that many of the forms to be immediately referred to are not rod-like, I am obliged to use it, because it is used by others as a general term for the whole group of organisms known to botanists as *Schizomycetes*. This designation being obviously too long, I attempted, in 1870, to introduce the word *mi-*

*crozymes*, a word which was intended to denote the fact that, in the development of these organisms, the process of vegetation is always associated with chemical processes of a peculiar kind, in a way comparable to that in which the vegetation of the yeast-plant is associated with the alcoholic fermentation. I forego the use of the word microzyme, for the reason I have mentioned, viz: that it has not been taken to, but I am not the less sensible that such a word is as much needed now as ever; for it is evidently inconvenient to say, as I now find myself compelled to say, that bacteria—rods—may be either globular, egg-shaped, or filamentous. Cohn classifies our organisms under terms expressive of these various forms, the most important being micrococcus, bacterium, vibrio, and spirillum. I have drawn these on the blackboard.

Bacteria have, as a rule, two states of existence, a state of activity and a state of rest. When a liquid teeming with bacteria in the active state is observed under the microscope, the attention is so riveted, that it is an effort to take away the eye from the instrument. The movements have been often described. In the case of rod-shaped bacteria, the axial movement, in which the rod advances or retreats in the line of its axis, the direction being frequently reversed, is the most common. This kind of locomotion occurs often by fits and starts, the body remaining in the intervals quite still, or assuming a pirouetting or spinning movement. In all rod-like bacteria, it is probable that the progressive or axial movement is associated with rotation, for, in observing the motion of vibrios, it is easy to see that they, in progressing, twist round the axis of the spiral. When this is the case, it looks as if the filament were executing a wriggling motion, *i. e.*, as if its body were contractile; but this is obviously deceptive. The mechanism of the motion is as little understood as those of *Oscillatoria*, which it closely resembles. It must be carefully distinguished from the passive motions which are exhibited by all particles of size comparable to that of bacteria, when suspended in a liquid of which the density does not differ very widely from their own. Certain forms of bacteria appear to be motionless in all stages of their existence.—*Medical and Surgical Reporter.*

MANAGEMENT OF PLACENTA PREVIA IN ACCORDANCE WITH A NEW VIEW OF THE ANATOMY AND PHYSIOLOGY OF THE UTERUS.—Under the above caption Dr. S. N. Denham, Kansas City *Medical Journal*, remarks, that if we make a longitudinal section of the vagina and unimpregnated uterus, we shall find that a fibre, first noticed as a fibre of the vaginal wall, may be traced on upward, doubling itself to form the uterine cervix, and continuing on upward, to be lost in the body or fundus of the womb.

Others may be traced from the body of the uterus down through the neck and into the vaginal wall or pelvic fascia. The muscular fibres never pass directly from the uterine walls to either the vaginal wall or pelvic fascia, but always pass through the cervix, which they chiefly constitute by doubling on themselves. Thus the cervix uteri is constituted by two walls of muscular tissue, a process of connective tissue dipping down between them. If we now apply to this fibre a force which causes it to contract or shorten, and the ends are fixed, the first observable effect is the reduction of the loop.

The writer claims that there is not, neither can there be, a descent of the womb during pregnancy, and that the condition mistaken for descent is effected as follows:

As soon as conception takes place, the uterine mucous membrane becomes hyperæmic, and the internal os closes more firmly than before. The os externum enlarges as gestation advances, and the uterine neck becomes flaccid, and if, during the latter part of pregnancy, the finger's end be passed into the open os, and carried up to the os internum, the latter will appear as a bead-like point, situated in a more or less tense wall, according to the situation of the patient. If now the free hand be placed upon the abdomen, and sufficient pressure made to produce a decided tension of the lower segment of the womb, it will be found that the neck is not affected, and that the finger can be carried to a considerable distance, around the internal os in every direction, pushing the fleeing walls before it, which give to the touch the idea of a loose cellular tissue; while the internal os remains a fixed point in the tense wall. At the close of gestation, the uterine neck has apparently disappeared. The internal os has assumed the level occupied by the os externum before conception, and thus while the uterus has not descended as a whole in the direction of its longest diameter, the os internum has descended, and now occupies the former line of the os externum, which has disappeared in consequence of the bulk of the muscular substance being drawn into the body of the uterus, through the enlargement going on in that part of the organ. There is still remaining, at full term, a portion of the cervix, which was originally represented, as it now is, by a line drawn from the junction of the vagina to the internal os. The obliteration of this portion of the cervix, naturally dilates the os, and when complete, leaves the vagina and uterus one uninterrupted canal. As soon as the uterine contents are expelled, and the womb closes its cavity, the neck again appears.

If it be true, as above pointed out, that the hyperæmic condition of the uterine mucous membrane, which immediately follows conception, effectually closes the os internum, and the same remains closed until a late period of

pregnancy, the location of a placenta directly over the os, becomes entirely possible.

\* \* \* \* \*

I wish fully to impress upon the mind the idea, that the remains of the uterine cervix is obliterated during labor, by the contraction of longitudinal muscular fibres, not peculiar to the neck, but belonging to the body also. That the same laws govern the actions of the cervix that govern those of the body of the organ. The same character of contraction dilates the os and closes the cavity of the uterus.

So soon, however, as the reduction of the cervix has opened the os, so that the contents of the body can enter it, the organ can reduce its bulk, just in proportion to the exit of the contents from the cavity. This can be clearly illustrated by puncturing the membranes, and letting off the waters while the dilatation is slight. The whole body of the womb will then contract, *except that portion covered by the placenta*, but the contractions cease to be perceptible so soon as the contents can be no farther reduced, and again are chiefly manifested in the neck.

I wish here to call especial attention to the fact pointed out above, viz: that the portion of the uterine wall occupied by the placenta does not, in fact cannot, participate in the contractions. The detachment of the placenta must take place from its margin, and is a gradual process, either effected by contraction of the free portions of the fibres, or by other mechanical means. While its separation is easily effected, by attacking its margin, the force of the most muscular man would not be competent to detach it as a whole?

Are the above facts? If you doubt it, you can easily satisfy yourself by a little observation at the bedside. Now let us apply these facts to placenta prævia, according to the accepted view that dilatation takes place from above downward, and hence, for argument's sake, accept the doctrine that the placenta is attached two inches from the margin of the os in every direction. The attached portion of the placenta will then occupy a belt of uterine tissue, one and a half inches in width, supposing that body to be seven inches in diameter. Now, what will the natural phenomena be? First, a general contraction reducing the contents of the uterine cavity to the smallest bulk. Second, dilatation of the os, by the contractions of the free segment of the uterine tissue below the placental attachment; this can occur to the extent of about four inches, before the placenta would be placed upon any great degree of tension, or its margin interfered with. Has any one ever witnessed such a course as a natural one, in placenta prævia?

It may be objected that my theories are false, and therefore such would not be the natural course. In reply, I will state, that I have artificially produced the condition above



represented, by detaching the placenta for some distance around the os, with the very result above stated. We also have a somewhat corresponding condition, in the so-called dry labor, where the waters have escaped from accidental rupture of the membranes, at the onset of labor or even before.

If the above statements are correct, then the course to be pursued in placenta prævia is clear. Detach the placenta in all directions sufficiently to allow the contraction and obliteration of the cervix, because the os cannot otherwise be opened. Free the uterine wall to the extent of at least half its circumference, so that the contents may be driven down through the expanded os, by the contractions of the free tissues.

**RETROVERSION OF THE GRAVID UTERUS; USE OF ASPIRATOR: RECOVERY.**—By Anthony Bell, L. R. C. P.—A case of this kind, presenting some peculiar features, recently occurred in my practice. On August 4th, I was requested to see Mrs. F., in conjunction with her medical adviser, Mr. Foster. I found her extremely weak and emaciated; pulse 140. Her lips were much excoriated; urine was dribbling away, mixed with fetid pus. On introducing my finger into the vagina, it came into contact with its posterior wall, in the shape of a firm globular body resting against the neck of the bladder. The os uteri was high above the symphysis pubis. Examination by rectum showed that a large fluctuating tumor occupied the pelvic cavity, completely blocking up the anus. The nature of the case was thus confirmed beyond the possibility of doubt. From her medical adviser I learned that he had been summoned on May 3d, and found her suffering from severe abdominal pain and difficulty of passing urine. At that time she had been pregnant about seven weeks. He was again summoned on June 3d, and found her completely prostrate and in great agony. He drew from the meatus urinarius a large quantity of soft membranous substance, which was followed by a loud splash of foul ammoniacal urine.

August 5th. The patient was put under chloroform, and the bladder emptied. I could pass my two hands deep into the pelvis, and could compress the abdominal aorta at its bifurcation. A firm tumor could be felt low in the right inguinal region, over which a loud *bruit* could be heard, caused, no doubt, by the pressure of the tumor on the iliac artery. The patient being in the obstetric position, the anus was found dilated to an inch and a quarter in diameter by the fundus and its contents and the posterior wall of the vagina protruded externally. My right hand, warmed and oiled, was introduced into the vagina, and two fingers of the left into the rectum. A careful and determined attempt was made to replace the

uterus, but failed. An anxious question now presented itself as to the course to be pursued. Having carefully weighed the whole bearings of the case—(a) the probability of adhesions from the repeated attacks of peritoneal inflammation; (b) the ulcerated state of the bladder, the patient passing foul ammoniacal urine containing large quantities of pus and sometimes blood; (c) the inflamed state of the vaginal parts; and considering, above all, the exhausted condition of the patient—I decided to draw off the liquor amnii through the rectum by the aspirator. The parts were well sponged, and a fine needle (never before used) was thrust home to the fluid, nearly two pints being quickly drawn off. The head of the fœtus could now be felt through the rectum. An opiate was administered at bed time.

August 6th, 11 a. m. Pulse, 112; temperature, 99. There was no abdominal pain, tenderness, or sickness. The opiate was repeated. At 9 p. m., uterine action set in. The pains steadily increased until 8 a. m., when she was delivered (feet presentation).

August 7th, 11 a. m. Pulse, 140; temperature, 100. There was no pain or abdominal tenderness. The opiate was repeated.

August 8th. Pulse, 120; temperature, 98. The opiate was repeated.

August 9th. Pulse, 116; temperature, 96. She had a good night, and expressed herself as feeling much stronger.

August 12th. Pulse, 120; temperature, 100. The urine was highly alkaline, containing a large quantity of fetid pus. I ordered mineral acids.

August 18th. Her medical attendant reported that she steadily improved. Pulse, 100. For a fortnight, she was kept entirely on slop diet, consisting of strong beef-tea, milk, and farinaceous food.

August 29th. The patient was now able to go about in her usual way, and proposed to go into the country.

It will be seen from the above statement that not one unfavorable symptom followed the operation, the state of the pulse and temperature being such as might be expected from the exhausted condition of the patient and the diseased state of the bladder. As I believe this to be the first case that has been treated in a similar manner by means of the aspirator, and as the result of the operation has proved to be so safe and successful, I have been induced to state it fully and accurately, in the hope that the merits of this mode of treatment might be compared with the recognized treatment in similar cases.

Dr. Philipson, of the Newcastle-upon-Tyne Infirmary, to whom I submitted the fœtus, was kind enough to examine it, and reported to me that, from its characteristics, it seemed to be of the age of about five months of utero-gestation; that the forehead, instead of being

arched, was flattened, and the whole cranium antero-posteriorly compressed. The body and limbs also, especially the upper extremities, were very much distorted.—*British Medical Journal*.—*Physician and Pharmacist*.

**PERIPLEURITIC ABSCESS.**—Inflammation and suppuration in the connective tissue between the costal pleura and the ribs has been described by Wunderlich. In the *Deutsches Archiv für Klinische Medizin*, Professor Bartels gives an account of four cases under his observation, and makes some practical remarks on the diagnosis between primary peripleuritic abscesses and empyema. Subpleural abscesses have little tendency to burst into the pleural sac; they are frequently implicated with diffuse nephritis, and, what is more intelligible, frequently also with pericarditis. In both subpleural abscess and empyema, the diseased side of the chest is enlarged, acts imperfectly or not at all in respiration, gives a dull or quite empty sound on percussion; over the region of dullness, the vocal fremitus and vesicular breathing are lost. In empyema, however, the ribs in the whole region of dullness are equally pressed outward, and all the corresponding intercostal spaces are distended; while, in peripleuritic abscess, the muscles in some intercostal spaces are more widely infiltrated with pus than others, so that the spaces gape more widely and the ribs project, while the other (upper) ribs are pressed more closely together than those of the sound side.

This does not occur when an empyema has perforated the costal pleura. In subpleural abscess, the extent of dullness is not affected by the position of the patient, or by the ascent or descent of the diaphragm. A similar condition to that of subpleural abscess may occur when a pleuritic exudation is encapsuled between the upper and lower lobes of the lung; here, however, the lower lobe is compressed, and does not take part in respiration. In subpleural abscess, the neighboring organs are not pressed on; in one case only the heart was pressed outward by the exudation in the mediastinum. In all the cases, fluctuation was detected in one of the intercostal spaces, with tension diminished during inspiration, and increased during expiration. In empyema, these symptoms are only observed when the costal pleura has been perforated. Professor Bartels says that the pus of a peripleuritic abscess is of higher specific gravity (1042) than that of empyema (1028 to 1032). The prognosis is unfavorable. Of eight cases described, four have died (two of pyæmia, one of nephritis, one of pericarditis). In two cases recovery was so far imperfect that there was marked contraction of the affected side of the chest. In the treatment it is necessary to give exit to the pus as soon and as completely as possible, in order to prevent the extension of purulent

infiltration. Puncture is insufficient and even dangerous; the pus must be let out by a broad incision. In some cases further incisions are necessary, and drainage is useful. If the pus be of offensive smell, Dr. Bartels recommends the washing out of the abscess with a mixture of equal parts of fresh filtered oxgall and water.—*Wiener Medizinische Wochenschrift*, No. 21, 1874.—*Phys. and Phar.*

**THE ACTION OF ERGOT.**—Dr. P. B. Reese, (*Med. and Surg. Reporter*), after mentioning several cases of threatened abortion, in each of which there was considerable pain and hæmorrhage, wherein miscarriage was arrested by ergot he had administered to facilitate uterine contraction, closes his paper with the following remarks:

"The pains in threatened abortion or miscarriage, or in such cases as above mentioned, I believe to be produced solely by the contraction of the circular fibres, and that labor or miscarriage will never take place until the *longitudinal*\* or antagonistic muscles become in active operation. In case of threatened abortion, when the pains are severe with hæmorrhage, the result of partial detachment of the placenta, I believe the ergot has a tendency to equalize the muscular contractions, thereby causing pains to cease and arresting hæmorrhage. The uterus becoming quiet, the mother is relieved of one of the most trying dangers to her future health. But should the quantity given be sufficient to bring these muscles into action beyond the controlling influence of the circular muscles, then inevitably will the contents of the uterus be emptied. Should this theory prove to be correct, then we have at our command a remedy which, if carefully and judiciously administered, must prove a boon to the profession.

It yet remains for us to discover what given quantity in each individual case will have this equalizing effect. In my opinion, this can only be done by careful administration and watching the effects of each dose, as we find in this, as in all other remedies, different patients are more or less susceptible."

**THE HYGIENE OF THE EYES.**—In the *Journal de Médecine* (translated in the *Medical Press and Circular*), M. Grand lays down some hygienic rules for the eye:

For the worker the light should come as much as possible from the left side, that is to say, from the side towards which one turns in working.

Daylight is the best; but one should avoid direct sunlight; that of reflecting mirrors should also be avoided. The aspect should be northern, and the sight should come a little

\* The term *longitudinal muscles* is not used in its strict anatomical construction, as they are confined principally to the cervix, but is meant to be implied in correspondence with the longitudinal and transverse axes of the uterus.

from above. Light coming from the right, too high or too low, all these defective conditions, cause school children, particularly, to take all sorts of awkward positions.

White walls should be avoided; highly varnished tables, and in workshops, shining articles like silk, should be protected from the sun's rays.

Artificial light is always bad, on account of the heat and the exhalation of carbonic acid. The best is that of lamps fed with vegetable oil and furnished with a glass shade. Gas is bad because of its heat, brilliancy, and mobility; the light of mineral oils is too hot; that of candles insufficient and flickering. An oil lamp should be covered with an opaque moderateur; the eye of the workman should avoid the light coming to him directly or diffused through the room. The moderateur should be white, green, or gray.

Working after meals is injurious. Inclination of the head should be avoided. One should write on an inclined plane; and in schools it would be good to supply a movable black-board for the children.—*Med. and Surg. Reporter*.

**ANÆSTHESIA.**—Dr. Jacob Helburg, of Christiana (*Berliner Klinische Wochenschrift*, No. 36, 1874), proposes a substitute for the present method of relieving difficult or impeded respiration during anæsthesia. The use of the gag to pry open the mouth, and of the forceps to drag forward the tongue, is frequently attended with some injury to the mouth, of a permanent character, or, at least, may be followed by a sense of discomfort lasting for some days. His procedure consists, simply, in dragging forward the lower jaw-bone, and is described by him as follows: "Standing behind the recumbent patient, the two thumbs of the operator are placed upon the symphysis of the lower jaw, while the index fingers are hooked behind the ascending ramus of the jaw. The bone is then pulled forcibly forward (anatomically). The force should be applied as if the operator intended to lift the patient up by his jaw-bone. During anæsthesia, the head of the bone slips forward with a perceptible jerk, and the whole lower jaw overlaps the upper jaw. As soon as this is accomplished, which is easily done in children, a deep, full inspiration follows immediately, and continues as long as the bone is held in position. The author supposes that the epiglottis is thus lifted off the rima glottidis.—*Boston Medical and Surgical Journal*.

**BELLADONNA IN THE TREATMENT OF PROFUSE PERSPIRATION.**—Anthony Butler, M. B., Assistant Medical Officer, Town's Hospital, Glasgow.—In corroboration of the estimate of the value of belladonna in checking excessive perspiration in different diseases, pointed out by Dr. Ringer in his *Therapeutics*, I beg to

record the results of my experience with its alkaloid atropia in this condition. Since July last, in the wards of this institution to which I am especially attached, I have prescribed it to upwards of thirty patients, most of them suffering from phthisis pulmonalis, but a few from other diseases. It was given at bedtime in pill, in doses of one-eightieth of a grain. The results have been very encouraging. In about one-half of the whole number of patients, after from one to four pills, the perspiration was either checked altogether or diminished in amount. In other cases no decided effect was produced till it had been used for about a week or ten days. In about a third of the cases no apparent benefit resulted, and the medicine was discontinued. In some of these cases the perspiration did not recur in a few instances, even after the medicine was stopped; but in others it returned, and was again checked when the pills were resumed. The patients themselves were so convinced of its beneficial influence that they often asked for their pills when they had been omitted for a time. Caution, however, requires to be used in administering this drug, as in two of my patients distinct toxic effects were produced by the doses mentioned.—*British Medical Journal*.—*Physician and Pharmacist*.

**INJECTION IN GONORRHOEA.**—Dr. J. Bligh, in *La Union Méd.*, proposes the following:

**R** Potass. bromid. 3iss;  
Glycerinæ, f. 3iij;  
Aque destillat. f. 3v.

**M.** S.—Inject every four hours.

Bromide of potassium is, at the same time, given internally. The author prescribes this injection, not only in chronic gonorrhœa, or in the sub-acute stage, but also in the acute period, and especially in chordee. In the final stage, an astringent may be added to this solution if thought proper. Abstinence from beer and all stimulating drinks is enjoined; emollient ptisans, if the urine is not abundant.—*Le Progrès Médical*, Feb. 20. W. B. H.

**TREATMENT OF PERSISTENT NEURALGIA.**—Among the many remedies that have been tried for rebellious neuralgias, M. Desnos, of the Hôpital de la Pitié, recommends the following combination as being frequently successful; and even in cases where it has failed, if tried again after the lapse of a short time, it may succeed. He first applies over the painful spot three or four mustard poultices, and then rubs into the reddened surface a liniment composed of—

**R** Oil of hyoscyamus, 3iss;  
Laudanum, 3ss;  
Chloroform, 3iss. M.

—*Journal de Médecine; The Practitioner*.—*Dental Cosmos*.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., { Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - April, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDLER, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### PROSPECTUS OF VOLUME II.

With the April number we commence the second volume of the ST. LOUIS CLINICAL RECORD, and it may not be out of place, in this connection, to lay before our readers something of our plans and prospects, and to ask of them a continued interest and substantial support in our enterprise. As stated on previous occasions, the RECORD was modeled after the English and Eastern periodicals, believing that a medical magazine, to thoroughly interest the profession, should not limit its contents to dry scientific papers, but should, at the same time, pay some heed to current medical events, and items of personal interest; and, moreover, such a paper should endeavor to present the sum of professional progress everywhere, by brief abstracts and extracts from home and foreign journals. This method, until recently, has been very little observed in the West, and this plan of combining matters of scientific moment with others of a personal and social character, we claim to have carried out very thoroughly, without detriment to our usefulness from a purely professional standpoint. The title of the journal, it will be observed, has been slightly modified, for business reasons.

In future our editions will be uniformly printed upon good white paper, as being more agreeable to the eye than the tinted sheets heretofore employed.

We have conscientiously tried to give our subscribers a reliable, fresh and interesting magazine, and while, in the beginning, inexperience may have prevented our realizing all that we desired, we do claim that, now, we

present as much reading matter, and of as high a character, as any monthly journal in the United States, and that it is offered for less money; in fact, no other journal contains the same quantity of matter at the extremely low figure charged for the RECORD. Very few persons, judging from the appearance of this journal, are aware, by reason of its large page and double-column arrangement, that it contains the same amount of material as the ordinary pamphlet form magazines. We are hardly able to publish the RECORD at the price now asked for it, and unless we can, during the next year, double our subscription list, we will feel scarcely justified in continuing at that figure. We would ask our friends, therefore, to bestir themselves in our behalf; to send in their subscriptions for the new volume, and induce others to do likewise. We are ambitious that the RECORD be changed, as soon as practicable, into a weekly medical newspaper, as there is no reason why the profession in this city could not support such a journal as efficiently as is done in New York and Philadelphia, not to mention Cincinnati and Louisville. We would beg, then, one and all to lend a helping hand, and assist us in sustaining and improving a journal which it is our aim to make a true representative of independent and progressive medicine.

### THE ST. LOUIS BOARD OF GUARDIANS.

A year ago the Missouri Legislature abolished the State Board of Guardians, thus deferring to a laudable spirit of economy in the management of public affairs. This board consisted of a secretary who was the mouth-piece of the board, and who performed all its duties, which were merely those of inspection and criticism of charitable and penal institutions, the other members of the board merely auditing his bills and endorsing his reports.

The present Legislature has revived the board, with one or two important changes, viz: it is made a county institution, and as the county alone is to receive its benefits(?) the county is made to bear the expense of the luxury, which is limited to four thousand dollars per annum.

The secretary, alone, receives a salary, and is made a sort of public guardian of all chil-

dren abandoned or improperly exposed. As the functions of the board are not mandatory in any degree, except in relation to the disposal of the children referred to, whom the secretary is to provide with homes—if he can—it is difficult to perceive what good can arise from the labors of this board in relation to the management of our hospitals, which immediately concerns us, for these, with the exception of the Insane Asylum, are already in the hands of a competent board. Perhaps the Honorable Secretary will be pleased to enlighten our readers upon this point.

W. B. H.

**CORRECTION.**—In Dr. Keith's article, page 11, we find, too late for correction, that the omission of the quotation marks makes Dr. K. indorse some of his patient's peculiar views about the "twitching of the pneumogastric, etc." It is hardly necessary to say that the muscular fibres of the *par vagum* are, as yet, undemonstrated.

**STATE MEDICAL SOCIETY.**—The State Medical Society will meet in Jefferson City, on Tuesday, April the 20th, at 10 a. m. Committee of Arrangements: G. B. Winston, J. P. Dimmitt, W. A. Davison, jr. Committee on Credentials: Geo. W. Brome, J. B. Jones, J. H. Kinyoun.

**THE RECORD** is the cheapest medical journal of its size published in the United States. Two hundred and eighty-eight large-sized double-column pages are given during the year for \$2 00. Send in your subscriptions.

## Book Notices and Reviews.

**A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY**, including localized and general faradization, localized and central galvanization, electrolysis and galvano-cautery. By Geo. M. Beard, M. D., and A. D. Rockwell, M. D. New York: Wm. Wood & Co. 1875. Gray, Baker & Co.

The first edition of this really valuable work was rapidly exhausted, and a new edition demanded soon after its original issue; but the authors, desiring time to analyze and sift their late experience, the second enlarged and thoroughly revised edition has been but recently presented to the profession. The methods of general faradization and of central galvaniza-

tion, which have been so successful in the hands of physicians, receive more attention in their respective sections, as the authors' recent labors have fully confirmed all that was claimed for them. The chapter on electricity in diseases of the skin is of unusual interest, in the first place, as tending to show the dependence of many of these disorders upon the nervous system; and, secondly, the brilliant results obtainable in cases of ekzema, prurigo, etc., by the electric treatment. We unhesitatingly pronounce this work, in its present form, as far superior to any similar treatise which has come under our notice.

**SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN.** By R. W. Taylor, M. D., Surgeon to the New York Dispensary, etc. New York: Wm. Wood & Co. 1875. Gray, Baker & Co.

On this occasion we can do little more than notice this book; for to do justice to the originality and importance of the subject upon which it treats, would require more space than is at our disposal. No man could have been better fitted to write this treatise than Dr. Taylor, for as a dermatologist he stands unrivaled in America. As the author justly remarks, so little was known of these peculiar lesions that when his attention was primarily drawn to this subject, nothing was left him but the book of nature from which to study; and any one who reads this work attentively will soon discover that he has studied that book to a good purpose. In a future number, we propose to present our readers with a thorough review.

**FAMILIAR LECTURES ABOUT THE TEETH.** By Henry S. Chase, M. D., D. D. S., Professor of the Institutes of Dentistry and late Professor of Operative and Surgical Dentistry, Missouri Dental College, etc., etc. Second edition, enlarged and illustrated. Gray, Baker & Co., St. Louis: 1874.

This small work of Dr. Chase is replete with information concerning the eruption and care of the teeth of a sort most valuable to every parent. Physicians should recommend it in every household, and especially those in which are children. We heartily commend it to all.

**THE Medical Register and Advertiser**, a quarterly journal of scientific and practical medicine, edited by James I. Hale, M. D., Anna, Ill. Terms, \$1 20 per annum. This journal, judging from its title and appearance, would seem to be an advertising medium; but its contents are fresh and interesting, and its advertisements unobjectionable. We wish the editor success.

**PHYSICIAN'S OFFICE CASE RECORD AND PRESCRIPTION BLANK BOOK.** Cincinnati: Case

Record Co., 1875. For sale by the St. Louis Book & News Co. The physician who desires to keep an accurate and systematic account of all the details of his office business, will find this book invaluable.

OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF CHOLERA. The result of forty years' experience, by John Murray, M. D., Inspector General of Hospitals, late of Bengal. G. P. Putnam's Sons, New York: 1874. Gray, Baker & Co., St. Louis, Mo.

### Miscellaneous Notes.

COMEDONES are said to be readily dispersed by bathing them, night and morning, with a weak solution of aqua ammonia.

THE janitor of an Indiana medical college had the satisfaction (so stated) of carrying up his own mother-in-law to the dissecting room.

THE various college professors whom the Board of Commissioners of Charities and Correction suspended from service in Bellevue Hospital, have been reinstated.

DR. CARO declares that he was personally acquainted with a woman in Sicily who had borne thirty-one children. She was in the habit of having a child every *six* months; therefore it was supposed that she had a double uterus.

TO PREVENT pitting in small-pox, Dr. J. Ward (*Physician and Pharmacist*) says that he has found the local application of honey admirably adapted to that purpose. The fact that honey is a good application to chapped hands, etc., is generally known, and we hope that the simplicity of the remedy will not prevent its trial.

PROF. DA COSTA treated with success a case of leucocythemia connected with an enlarged spleen, by injecting five grains of ergotin mixed in glycerine and water, every other day, for eight injections. The improvement was so rapid that he was discharged as cured after the eighth injection. The size of the spleen diminished sensibly from day to day. The ergotin was introduced in the splenic region.—*The Clinic*.

OUR desire for promulgating scientific truths induces us to clip the following:

THE CASE OF INVERTED NIPPLES.—I think *Apis* is the remedy. Not that it has any special power over the breast, but because it has great power over ovarian difficulties. One of the clearest evidences of ovarian difficulties, is

the indentation of the nipple, the head of it drawn in. In every case where such is the case, *Apis* 3 will cure. I think the lady must be hysterical, and shrinks when the baby touches the nipple, or at the thought of its doing so, and thus by the *jumping* of the ovary the nipple is inverted, or drawn in. This is my opinion. There is not as much about this case as there ought to be, in order to give a clear judgment.—*Medical Investigator*. (Homœopathic.)

GRADUATES OF VARIOUS MEDICAL COLLEGES IN THE UNITED STATES.—The following table gives a partial list of the number of graduates for the session of 1874-75:

St. Louis Medical College.....	72
Missouri Medical College.....	74
Medical College of Ohio.....	102
Medical Department University of California.....	9
University Medical College of New York.....	95
Detroit Medical College.....	25
Rush Medical College.....	77
Cincinnati College of Medicine and Surgery.....	28
Jefferson Medical College.....	170
Bellevue Hospital Medical College.....	194
College of Physicians and Surgeons of New York.....	108
Medical Department of Nashville and Vanderbilt Universities.....	58
Medical College of University of Wooster.....	30
Medical School of University of Maryland.....	50
Medical Department of Yale College.....	7
Medical Department Syracuse University.....	11

CURE OF HYPOCHONDRIACAL MELANCHOLY.—We make, under this head, a few extracts from Burton's queer old book, the "*Anatomy of Melancholy*." This chapter is replete with quotations from the now long forgotten medical writers of the thirteenth and fourteenth centuries, and even earlier days, and is full of curious interest to the medical antiquarian:—"In this cure, as in the rest, is especially required the rectification of those six non-natural things above all, as good diet, which Montanus enjoins a French nobleman 'to have an especial care of, without which all other remedies are vain.' Blood-letting is to be avoided, except the patient's body be very full of blood, and that it be derived from the liver and spleen to the stomach and his vessels, then, to draw it back, to cut the inner vein of either arm, some say the *salvutella*, and if the malady be continueate, to open a vein in the forehead. Purgations and alteratives may be used as before, saving that there must be respect had as well to the liver, spleen, stomach, hypochondria, as to the heart and brain. To comfort the stomach and inner parts against wind and obstructions, by Aretæus, Galen, Ætius, Aurelianus, &c., and many latter writers, are still

prescribed the decoction of wormwood, centaury, pennyroyal, betony sodden in milk, and daily drunk; many have been cured by this medicine alone. The stomach, most part, in this infirmity is cold; scarce, therefore, (as Montanus insinuates), can you help the one and not hurt the other; much discretion must be used; take no physic at all, he concludes, without great heed. Lælius Eggebinus, for an hypochondriacal German prince, used many medicines; but it was afterward signified to him in letters that the decoction of China and sassafras, and salt of sassafras wrought him an incredible good. Averters must be used to the spleen and liver, and to scour the meseraic veins. You may open no better place than the hæmorrhoids. Sallust Salvian will admit no other phlebotomy but this, and by his experience in an hospital which he kept, he found all mad and melancholy men worse for other blood-letting."

**THE AMERICAN MEDICAL ASSOCIATION.**—The twenty-sixth annual session will be held in the city of Louisville, Ky., on Tuesday, May 4th, 1875, at 11 a. m.

"The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies, and from the Medical department of the army and navy of the United States."

"Each State, county, and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of all State medical societies that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of the officers, with their post-office addresses, of those county and district medical societies entitled to representation in their respective bodies. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates.

It will also enable the Permanent Secretary to present a correct report of the medical organizations in fellowship with the Association.

WM. B. ATKINSON, M. D.,

*Permanent Secretary.*

PHILADELPHIA, 1400 Pine st., cor. Broad.

**DE MORIBUS GERMANORUM.**—We find in a recent book,\* the translation of a document which throws a singular light upon the moral

condition of the Empire of Germany. This is a petition presented to the Reichstag, March 30, 1869, by the Central Committee of the German Evangelical Church, and referred to Bismarck. For the edification of our readers, we have copied some passages from it *literally*:

"There are very few of the streets of Berlin, even among those most frequented by the higher class, which are not infested by houses of prostitution. \* \* \* In every quarter of the capital speculation has opened notorious markets to immorality. \* \* \* The number of women placed under the surveillance of the police amounts to 71,319.\* \* \* In the course of last year (1868) the bodies of 154 infants were found in Berlin alone, \* \* \* and these figures represent only a very slight proportion of the infanticides committed in the capital in the course of one year. \* \* \* The number of illegitimate children in Berlin last year (1868) amounted to 150 in 1,000 births. At Munich, during the same year, the births outside of marriage were in the proportion of 500 to 1,000.

In Magdebourg, there is not a street, perhaps not a house, which is not the asylum of lost women or of racouleuses. \* \* \* In 1868, medical statistics ascertained 75,006 cases of syphilis for the entire city of Magdebourg, (90,000 inhabitants). At Posen, (50,000 inhabitants), without counting clandestine prostitutes, 1,264 women were noticed by the police; that is to say, 1,264 prostitutes and more among about 20,000 women—16 per cent. In Stettin, among 85,000 inhabitants, of whom 20,000 were adult women, there were 2,000 prostitutes; *i. e.*, 10 per cent., and this not inclusive of concubines and kept women. The provisions of the Prussian penal code no longer suffice; the police is debauched, and prostitutes of both sexes walk brazenly abroad.

At Breslau, (156,000 inhabitants), 1,088 prostitutes; the sum of the sentences of imprisonment pronounced last year against prostitutes amounts to 5,750 weeks, or more than 110 years. Dantzic (60,000 inhabitants) has 850 women placed under the control of the police. At Meinel (19,000 inhabitants) 254 names of prostitutes are found upon the books of the police, an abstract of the number of public prostitutes. At Königsberg houses of debauchery are established in almost all the streets. In Cologne (114,000 inhabitants) there are 200 registered prostitutes; but it is known that about 1,000 others ply the same trade. In Leipsig (78,000 inhabitants) there are fifty-two licensed houses. In the duchy of Anhalt the number of illegitimate births is 12 per cent., and 18 per cent. in the duchy of

\* Berlin has about 700,000 inhabitants, the number of adult women would be, therefore, in the neighborhood of 170,000. The proportion is beautiful!

\* *Les Odeurs de Berlin*, Leouzon le Duc.

Dessau. The police have had to give up all measures of repression. At Bremen (70,000 inhabitants) there are to be counted but 72 girls placed under the control of the police, but the number there of public and clandestine prostitutes is incalculable. At Hamburg (215,000 inhabitants) there are 189 houses of prostitution and analogous establishments.

Doubtless there are many localities where the primitive purity of morals may be found, but they are rare, and immorality has invaded alike the small cities and least villages. In the country the disease augments each day, because legitimate unions have become almost the exception; for in each commune one half the births are illegitimate."

To complete the picture of the griefs of the evangelical committee, we will add the slightly comical reflections of the Berlin police:

"Immorality is such 'a common thing,' bare-faced licentiousness covers with so much freedom the members of German society with its ignoble *bavures*, and, women, married or single, have reached such degradation that an honest man trembles before marriage and seriously asks himself whether the woman to whom he offers himself is not a residue of lubricity, and whether he is not exposed to admitting to his bed merely a mass of rotteness."—*Annual Report*, 1867.

Madam de Staël says that love, in Germany, is a religion, but a poetic religion. According to the foregoing figures, among one hundred women, this religion numbers, then, about ten priestesses living at the altar. The priests are not counted!—*Le Progrès Médical*, Jan. 23, 1875.

W. B. H.

## Home News.

DR. N. DE V. HOWARD has been appointed resident physician to the County Insane Asylum.

THE Board of Health, at their last meeting, abolished the offices of City Chemist and Dairy Inspector.

PROF. FOWLER, the phrenologist, was recently fined ten dollars for chastising a little boy. The Professor regards his sentence as foul, but the court regarded his action as *fouler*.

THE Circuit Court, in accordance with a recent legislative enactment, has appointed a Board of Guardians for the city and county of St. Louis. They have the general management of all charitable, penal and reformatory institutions within their jurisdiction.

OBITUARY NOTICE.—Dr. James R. Washington, an old practitioner of this city, died at his

residence, on the 19th of March, in the fifty-eighth year of his age. He was born in Fort Wayne county, North Carolina. His father was the grandson of Lawrence Washington, the uncle of General George Washington. After finishing his literary studies at Randolph-Macon College, in Virginia, he graduated from the medical department of the University of Pennsylvania in 1842. Dr. Washington removed to this city in the spring of 1846, and up to within a few months prior to his death, was uninterruptedly engaged in the discharge of a large and lucrative practice. Dr. Washington was a typical representative of all that is noblest and best in the professional character; honorable in his relations with his brother practitioners, charitable in his dealings with the worthy poor, and enthusiastically devoted to the every interest of his calling. As a physician, friend, and co-laborer, no man was more thoroughly beloved and more highly esteemed by all with whom he was brought in contact; and in his death, we will long have cause to deplore the absence from our midst of the devoted medical man, the generous and kindly friend, and the Christian gentleman.

COLLEGE COMMENCEMENTS.—The commencement exercises of the Missouri Medical College took place at the Temple on the 4th of March. The class for the year had been unusually large, numbering in the neighborhood of 205 students. The degree of Doctor of Medicine was conferred by the Dean, Dr. Jno. S. Moore, upon seventy-two aspirants for the honor. Two honorary degrees were likewise given; Prof. Sam'l G. Armor, of Brooklyn, was the recipient of one of them. Prof. G. W. Hall delivered the valedictory for the faculty. After the exercises were concluded, the students, faculty, alumni and friends of the school were invited to a sumptuous banquet at the Lindell hotel. The alumni association organized by electing Edward Montgomery, M. D., president, and Dr. Thos. Scott, vice president, for 1875. The summer course at this college will begin on the first Monday in April.

The St. Louis Medical College held their graduating exercises at the Temple on the 12th of March. Prof. G. Baumgarten gave the charge to the class, and Prof. Hodgson conferred the title of M. D. upon seventy-one applicants. The alumni association met in the afternoon of the 12th, and elected Dr. H. H. Mudd, president; Dr. G. W. Farrar, vice president; Dr. I. N. Love, recording secretary; Dr. B. M. Hypes, corresponding secretary; and Dr. Walter Wyman, treasurer, for the ensuing year. On the evening previous to the commencement, the alumni of the St. Louis Medical College gave an elegant supper to their friends, at the Southern hotel. The summer session is already in progress.



# St. Louis Clinical Record.

VOL. II.

MAY, 1875.

NO. 2.

## Original Communications.

### TRACHEOTOMY IN CROUP.

BY J. B. de LAUREAL, M. D.

*Ancien interne des hôpitaux de Paris.*

#### [CONCLUSION.]

The operation, tracheotomy, is not always performed with so much facility as I have just portrayed. Certain complications often present themselves, and it is absolutely necessary that the operator should know them well that he may be able to combat them without delay.

The most frequent of these complications is venous hemorrhage; this hemorrhage is more abundant in proportion to the more advanced degree of asphyxia.

If the flow of venous blood is not very abundant, do not have much solicitude; continue the operation with calmness, and as soon as the child respires freely the hemorrhage will be arrested.

But if the loss of blood is considerable, there will be reason to fear the penetration of too great a quantity of blood into the air passages at the moment of opening the trachea, and, consequently, immediate asphyxia; besides, this loss of blood exhausts the child and may easily lead to syncope or convulsions, always very grave accidents when occurring in the course of a tracheotomy.

If the hemorrhage is considerable, we must not hesitate a moment; seize the bleeding veins with the forceps, tie them, making a simple knot; you then continue the operation, and, as soon as the child respires well, you can safely remove the ligatures and there will be no more hemorrhage to fear.

Often, when the operation is finished and the canula in place, there is a slight oozing of venous blood. This occurs especially in cases of generalized diphtheria. It suffices to place upon the wound a piece of agaric and exercise a slight amount of compression.

I do not speak here of arterial hemorrhage, for by operating exactly upon the median line there is no artery to injure; in the child, even

section of the isthmus of the thyroid body gives rise to scarcely any bleeding; it is only in cases of hypertrophy of the isthmus (and this is rare, I have seen it but once in two hundred tracheotomies, and then the hæmorrhage was not serious).

The classical works speak of the possibility of anomalous arterial distribution, and especially of the danger of encountering the thyroid of Neubauer; arterial anomalies are rare, and in every case at this level, upon the median line, there will be only insignificant arterioles to be divided.

I will not consider the possibility of wounding the carotid or jugular; this accident has happened but once, to my knowledge, since tracheotomy has been practiced; to have such an accident to deplore, would require the surgeon to completely discard all rules for the operation.

Syncope is another quite frequent complication which is always frightful to the operator. In the midst of your operation, when everything is progressing as you would wish, all at once, the child ceases to breathe, the pulse is gone and there is apparent death. What is to be done? If the operation is scarcely begun, if you are still far from the trachea, place the child in the horizontal position, and the head even a little lower still, whip him with a towel wet in cold water, rub the skin with a rough cloth, and, above all, practice artificial respiration by pressing with both hands upon the thorax, making alternate movements of pressure in opposite directions. On the other hand, if you are sufficiently master of the situation to be able rapidly to complete the operation, or, if you are upon the point of entering the trachea, do not hesitate an instant, incise the trachea and place the dilator in position. You may then practice artificial respiration, with both hands exercise compression upon the thorax to produce expiratory movements, then remove the hands and the elasticity of the sides returning them to their first position produces a movement of inspiration; if, after some moments, the child does not regain consciousness, introduce the insufflating tube between the branches of the dilator, alternately insufflate air into the lungs by the tube and expel it by compressing the thorax; this is an extremely dangerous procedure for the physician, but which often brings a child back

to life after several moments of apparent death; if you act quickly, it is seldom that the child does not revive. This is certainly the most serious complication which can supervene during the course of the operation, and demands the utmost coolness and devotion on the part of the physician. He must retain his self-possession and know how to act with celerity.

The other complications which may present themselves are much less grave, still they may prolong the operation.

Thus, it often happens that, during the first part of the operation, when you have almost reached the trachea, the point of the bistoury makes a minute opening into the trachea before you intend to penetrate it, you hear the characteristic whistling of the air penetrating; you think you have incised the trachea; you make unavailing efforts to introduce the dilator. But, if in place of making this useless attempt, with your left index finger you make exploration of the whole extent of the wound, you very soon perceive that the trachea is not incised, and the operation is continued as if nothing had happened.

The inferior border of the thyroid cartilage may be often mistaken for that of the cricoid, and your incision will involve the latter cartilage. This is extremely inconvenient; in the first place your incision is too close to the inferior vocal chords, besides, the cricoid cartilage forms a complete ring and does not allow itself to be easily drawn apart, after incision, like the trachea; your incision has scarcely been made, it is with difficulty that you are able to find it again with the finger and you cannot introduce the dilator into it, much less the canula. It is now necessary for you to carefully explore and ascertain the exact position of the cricoid, and make another incision further down or extend the primary incision lower, making use of the probe-pointed bistoury.

It may also happen that, at the moment that you are about to penetrate the trachea—it may be from your finger being displaced, it may be from the child having moved—in place of incising the trachea, you cut the cellular tissue at its right or left side; but, not feeling the creaking of the cartilaginous tissue under the knife, you must stop, find your landmark again, and make your tracheal incision.

Finally, this event most often occurs: your tracheal incision is sufficient in extent. it begins above, well upon the median line, but in place of continuing upon this line it deviates considerably either to the right or left; this is inconvenient only for the introduction of the canula, for, your dilator being well held open, when you would introduce the canula, a valve of the tracheal wound is found upon the median line and prevents the penetration of the canula; if, with the index finger, you ascertain the direction of the incision, by inclining the canula according to the direction of the incision, it will be introduced with more facility. If you can not succeed in doing this, with the blunt-pointed bistoury enlarge the inferior portion of the incision, bringing it toward the median line.

I will not speak to you of the possibility of cutting the posterior wall of the trachea; this will happen but rarely, at all events, there will be no complete division, this would not be a grave event; this could not be said of an incision into the œsophagus, but to do this would truly require an intention to do so. Besides, if you operate upon the median line, even if you pass through the posterior wall of the trachea, you could not penetrate the œsophagus, which, at this level, is inclined slightly to the left, only by making your incision entirely to the left. If you operate with a little *sang froid*, and use neither force nor roughness, this accident will never happen to you.

Sometimes, especially when the operation has been prolonged, and particularly when much difficulty has been experienced in introducing the canula, emphysema of the cellular tissue takes place about the wound. If the canula is well in place this is no cause for inquietude, after a few hours or a day the emphysema will have disappeared.

Finally, sometimes, after the dilator has been easily introduced, the child can breathe only with difficulty; the reason of this is that false membrane exists in the trachea and crowds back the extremity of the dilator; it will generally suffice, to make the child cough, and you will see a shred of false membrane escape externally and respiration becomes well established; sometimes you will be obliged to seek for the false membrane with curved forceps.

Such are the most frequent complications and difficulties which may present themselves

in the course of tracheotomy. I leave aside convulsions which occur so often in the course of infantile disorders, and which may often set in during the progress of this operation.

You have performed the operation; the child breathes well; you have cleared the wound, and placed a cloth, cravat fashion, around the child's neck, yet, everything has not been done, many cares remain to be given before you can hope for a happy result from your operation.

These consecutive cares may be divided into those of a local and those of a general character.

As soon as the operation is finished, most usually the child sleeps, but he must be carefully watched, and every hour, or every two hours, the internal canula must be cleared from the false membrane or the mucocities which obstruct it; change the cravat as soon as it is wet, for it may become closely applied to the opening of the canula and thus obstruct it. It has not been my habit, at least for the first few days, to cauterize the wound with nitrate of silver. I have not observed that wounds which were cauterized at the outset, comport themselves differently from those which were not cauterized. If the cough is frequent, and assumes a dry character in passing through the canula, I am in the habit of letting fall a drop or two of tepid water into the canula to diminish its dryness. But this is absolutely necessary, viz: to prevent dust in the chamber as far as possible, and to maintain, at all times, the atmosphere at a soft temperature and with a certain degree of moisture. At the end of twenty-four hours, at latest, the canula must be changed, and the wound cleansed. In order to proceed with rapidity, a duplicate canula of the same number must be provided; for precaution you will have your dilator at hand. The child is caused to sit up; you detach the cord which holds the canula in position; withdraw it, and rapidly and carefully cleanse the wound with a fine sponge or a fine cloth slightly moistened; cleanse the wound carefully, and, if you can, you cause the child to cough; he will often eject the debris of false membrane and mucous secretions.

The wounded tract is already partially organized, you may almost always reintroduce the canula by simple replacement, if you have the slightest difficulty make use of the dilator.

You will repeat this dressing every twenty-four hours; but remember, during the intervening time, the necessity of frequently clearing the internal canula.

The succeeding days, according to the state of the wound, you will cauterize it or content yourself with simply washing it. If the canula assumes a dark coloration, there is some point of mortification in the wound; when gangrene has invaded almost the entire extent of the wound the canula becomes entirely black; this is due to the action of sulphohydric acid upon the silver of the canula, and is always a bad prognostic sign. In this condition the wound is covered with a grayish, pultaceous, very foetid layer, and the edges of the wound, to a considerable distance, are red, tender and painful. This is a very grave local complication and generally indicates a very bad general condition. You ought, then, to carefully cleanse the wound and touch it, twice a day, with lemon juice, tincture of iodine or perchloride of iron, or a mixture of charcoal and Peruvian bark powdered; lastly, one of the best topical applications in these cases is camphor powder; but pulverulent topical applications are difficult to keep applied, liquids are more easy of application. But what will best ameliorate the condition of the wound would be to withdraw the canula from the wound for several hours, or, if you cannot do this, put in its place one of a smaller number. You should, at the same time, insist upon tonic and reconstructive treatment.

As a general rule, the third day after the operation, the attempt should be made to remove the canula for several hours, but during the whole time that the child remains without the canula it is necessary to remain near him, and be ready to replace the canula upon the slightest accession of suffocation. Finally, to ascertain if the laryngeal passage is becoming free from obstruction, you will close the tracheal opening by bringing its edges together with the fingers. If the air passes by the larynx with sufficient freedom, you will simply place a cloth around the child's neck in the form of a cravat, and leave it there about two hours; but carefully watching him in the mean time. If, on the contrary, the air passes the glottic opening with difficulty, replace the canula and make a new attempt the following day.

As soon as the child can dispense with the canula for an hour or two, the next day you allow him to remain without it for double the time; finally, when he can dispense with it for the entire day, you will decide not to replace it at night, but it will be necessary to watch him carefully while he sleeps, and be ready to replace it at the slightest accident of suffocation.

In a general way, if the wound shows a good aspect, habituate the child but gradually to doing without the canula, for the opening contracts very rapidly when the canula does not remain in place the whole time, and you may have difficulty in replacing it if some accident should occur. On the other hand, if the wound has a bad aspect, there will be no tendency to close, and the more the child can dispense with the canula the more chance will you have of ameliorating the condition of the wound.

Generally, when the child can dispense entirely with the canula, the wound cicatrizes in from three to eight days. If exuberant granulations embarrass the process, you will do well to touch them from time to time with nitrate of silver.

The expectoration which passes away by the canula has great importance in prognosis. If there is no expectoration the prognosis is bad; it will be the same when a serous, bad-smelling liquid escapes from the canula. On the contrary, if the expectoration is thick, mucous, and slightly yellowish, the prognosis is very good. Sometimes, after the child has passed several days without the canula, it happens that the mucous secretions, which at first had escaped by the wound, owing to the contraction of the latter, reach the glottis and the child experiences a moment of agony and, often, a slight paroxysm of suffocation, but you may be without fear, for the secretions easily escape by the glottis.

Often, also, during some days following the operation, when the child takes liquid food, a portion returns by the wound. In consequence of the angina and laryngitis of a diphtheritic character, the sensibility of the mucous membrane and of the epiglottis becomes obtunded, and the epiglottis does not fall in time to protect the larynx; it suffices to give the child food of greater consistence to protect him from this inconvenience, which disappears with the improvement of his general

condition. But if the paralysis is more profound and affects the muscular tissues, you will be obliged, for several days, to feed the child with the œsophageal sound, or stomach pump. But these cases are extremely rare.

The child's voice returns but gradually, and often remains clouded for several weeks after the closure of the wound; fumigations with aromatic vapors, with tar water to drink, suffices to cause the voice to regain its normal characteristics.

After a very short time the cicatrix of the wound tends to descend, and you will often be astonished on meeting a child who has been operated upon a year or two before, to find the cicatrix mobile, not adherent to the deeper parts and no longer corresponding with the superior portions of the trachea, but that it has drawn much nearer to the sternal notch. I once saw a child who had been operated upon five years before and the cicatrix was found just on a level with the top of the sternum.

The general attentions to be given the child are also extremely important. The child must be kept in a warm, slightly moist atmosphere, free from dust, if this is possible; a large and well ventilated chamber is necessary. The child must be nourished to the highest possible point; milk, cooked meats, eggs and oysters will be the best forms of food. Wine, and even alcoholic drinks must be insisted upon, the latter are to be given in the form of punch or of the *potion de Todd*.

The different preparations of cinchona are formally indicated, also, perchloride of iron, by the mouth, will give good results. The child's bowels must be kept regular, a small dose of citrate of magnesia once in two or three days easily accomplishes this. Lastly, the state of the pulmonary organs must be carefully watched, auscultate the child every day, for thoracic complications are, unfortunately, very frequent in diphtheria. You will act in accordance with the indications. But whether there are complications or not, the strength of the little patient must be supported, and a tonic medication and reparative alimentation must be insisted upon. As soon as the operation is completed you need have no further concern regarding the diphtheria of the throat and larynx, the false membrane will disappear little by little, but you must be on your guard against an extension of the diph-

theria to the bronchi. Cubebs and copaiba have often given excellent results in diphtheritic bronchitis, but it often happens, unfortunately, that after a day or two the child absolutely refuses to take the medicine. Being sparing of blisters, you should not forget that all excoriations of the skin may become covered with false membrane and rapidly assume the gangrenous form.

To recapitulate, I will say: operate only when the asphyxia is owing to an obstruction in the larynx, and when all other medication has failed; to conduct the operation to a good termination, the head must be held absolutely fixed and in the position of posterior flexion; fix the thyroid cartilage with the left hand, and operate only from the constant landmark formed by your index finger placed at the level of the cricoid cartilage; if complications occur, with the pulp of your index, explore the depths of the cut, and ascertain well the cause of obstruction before proceeding further; after the completion of the operation insist upon a medication tonic and reconstructive in character, and carefully watch the local condition of the wound, and see that the canula never becomes obstructed.

Eighth and Olive sts., St. Louis.

### THE NON-MERCURIAL TREATMENT OF SYPHILIS.

BY W. A. HARDAWAY, M. D., ST. LOUIS.

The following two cases, selected at random from a number of others, will afford an illustrative text for the brief consideration of an ever interesting and, when we remember its vital importance, but little understood subject:

D. J., aged nineteen, was exposed, according to his statement, on June 10, 1870, and consulted me somewhat two weeks later for an indurated sore upon the under surface of the prepuce, near the frænum. The diagnosis of a chancre (initial lesion of syphilis) was made, which the subsequent evolution of the symptoms fully corroborated. The ulcer healed kindly under simple dressings, although induration at its seat and in the neighboring ganglia persisted for a length of time afterward. The secondary symptoms were ushered in about six weeks later with very little prodromic disturb-

ance. The secondary lesions consisted of a roseolous eruption upon the chest and abdomen, sore throat and engorgement of the cervical ganglia. Mucous patches at the angle of the mouth, and pustule upon the hairy scalp made their appearance later on in the course of the malady. The treatment consisted in the administration of tonics, a preparation of iron, frequent baths, abstinence from tobacco and spirits, and otherwise the maintenance of a regular life. Mercury was not resorted to during the whole course of the treatment. The patient made a rapid recovery, and in three months after the first outbreak of the secondary symptoms was discharged. It will be borne in mind that after the eruption of roseola, there supervened, at a later date, mucous patches, etc. This constituted all there was of the nature of a relapse, although, in fact, it was but the normal evolution of symptoms. There was considerable enlargement of the submaxillary gland on the left side, which persisted for at least six months after the disappearance of all other lesions. Up to this time the patient—and he has been constantly under my observation—has had no return of his trouble.

M. C., aged twenty-five, clerk, consulted me in the winter of 1873 for three ulcers upon the inner surface of the prepuce, which appeared, as he stated, about six days after exposure. I confess that I was in much doubt as to the diagnosis, because of the general characteristics of the sores. Moreover, induration was altogether absent at the base of the ulcers and in the ganglia. The patient had, before seeing me, touched the sores with lunar caustic, which had served likewise to obscure the diagnosis. Finally, however, the question was, unfortunately for the patient's sake, fully cleared up by the supervention of well-marked secondary symptoms, preceded by syphilitic fever, headache, and the usual prodromata.

The initial secondary lesions consisted of a papular erythema upon the chest and abdomen, sore throat and "scabs" in the hair. The erythema disappeared in three or four weeks after its inception, and, so far as any continuous trouble was concerned, there was a short period of quiescence. The pustules in the scalp, the sore throat, and the cervical engorgement still persisted. At a later date I discovered mucous patches upon the scrotum

and in the mouth, and an obstinate palmar psoriasis.

The man's general health was good, and, consequently, aside from local treatment, nitrate of silver spray to the throat, etc., no other medication was instituted. The squamous syphilide upon the hand, and the mucous patches upon the scrotum, were the most intractable of his troubles; but these, likewise, in the course of a few months, entirely disappeared. He has since had no relapse, and, with my sanction, contemplates matrimony. I have made no attempt to present a minute or detailed account of these cases, but I merely introduce them as a text to the conclusions from the more extended experiences of other observers.

In the larger majority of cases of syphilis, I see no indications for the use of mercury, and while I am very far from denying the marked influence of mercurial preparations over this disease, still I am thoroughly convinced of the fact that syphilis forms no exception to the rule in other zymotic affections, viz: their self-limitation. In certain forms of the disease, I give mercury in spite of the syphilis, or, in other words, I am in the habit of availing myself of the fully conceded specific properties of the drug to stop the ravages of the malady when it threatens the destruction of tissue; but it is always under protest, and its administration is withdrawn at the earliest possible moment. I am aware that the question will very naturally arise: Why, if mercury has this specific power over syphilitic manifestations, is not its administration the most judicious thing that could be done? I would answer in this way: First. Because, if syphilis, or any other disease, is capable of being cured by the unaided powers of nature, I can see no possible ground for recourse to drugs. Second. Because I believe there are reasons for regarding the long continued use of so potent an agent as tending to produce deleterious effects.

Let us now examine into the truth of the first statement as to the self-limitation of syphilis. M. Diday, the eminent French venerealist, has done more to elucidate this subject than any other writer, and we cannot serve our purpose better than by an exposition of his views.\* In the first place, Diday abstains from all active interference with the

affection, unless obliged by the seriousness of the symptoms, and as a consequence, his opportunities for the study of the natural history of syphilis have been unrivaled. He was especially struck with the regular evolution and succession of syphilitic phenomena, and positively declares that, in most instances the disease never passes beyond the secondary stage; that, after several successive attacks, for instance, mucous patches, exanthematous or papular eruptions, etc., the symptoms lessen in severity, the virus seems to be eliminated by the inherent natural powers of the system, the tendency to further manifestations disappears, and a *permanent* and *spontaneous* cure ensues. In a few persons, however, he has found the disease become more serious and more deeply rooted by time; therefore, he recognizes two classes of cases, in one of which syphilis naturally decreases, and in the other increases in intensity; in the former, he withholds all specific treatment and resorts to hygiene alone, in the latter, he employs specifics, but not to the neglect of hygienic measures. Out of forty-three cases treated by Diday on the non-mercurial plan, the general symptoms in twenty-six never assumed a serious nature. The lesions were of a mild character, and always reappeared with decreasing intensity; the malady never advanced to the tertiary stage, and the general health was completely regained.

The following table will show the period between the last syphilitic outbreak, and the date when the patients were last seen in the enjoyment of perfect health:

3 cases.....	3½ years.
3 " .....	3 "
4 " .....	4½ "
3 " .....	5 "
1 " .....	5½ "
1 " .....	6 "
1 " .....	8 "
1 " .....	9 "
1 " .....	16 "

In seventeen of the forty-three cases treated without mercury, the manifestations assumed a more serious character; some few of them passed into the tertiary stage; and, although he believes that a spontaneous cure might have resulted, he felt constrained to administer mercury. Bumstead says that Diday's expe-

\* *Nouvelles Doctrines sur la Syphilis*—Bumstead.

rience, impartially considered, appears to him to demonstrate the truth of the following propositions: First. In a certain number of cases, probably the majority, syphilitic manifestations, even in the absence of specific treatment, will, in time, disappear spontaneously without assuming a serious character or producing permanent impairment of the constitution. Second. In other cases, probably the minority, nature, unaided by art, is inadequate to effect a cure, and the interests of patients require a resort to mercury in addition to attention to hygiene. Nevertheless, in reading the chapter on therapeutics in Burnstead's most excellent work, one would never suspect that the author, a few pages back, had arrived at such just conclusions.

Baerensprung, of Berlin, regards a patient treated on the non-mercurial plan as radically cured, provided he suffers no relapse for the space of three months after the first set of secondary symptoms have disappeared.

In 1822, the Royal Council of Health, in Sweden, were charged by the king to obtain annual reports from the various hospitals of the kingdom as to the comparative merits of the simple and mercurial treatment of syphilis. The advantages of the hygienic, or simple method, were amply demonstrated. In different institution forty thousand patients were under observation; one half were placed under a mercurial course, the other portion were treated simply. The proportion of relapses in the first class were at the rates of thirteen and two-thirds, and the second class but seven and one half in one hundred. The observations of Dr. Fricke, of Hamburg, and the experiments instituted by the French government corroborate these statements; justice, however, demands that one fact should be borne in mind in considering some of these statistics—especially those of Fricke—viz: at the time these observations were made, no distinction was drawn between the hard and soft chancres—for practically we are forced to acknowledge the distinction—and mercury was generally given for the primary sore, and, hence, where that drug was withheld, the immunity from general contamination was attributed to that fact, when, in truth, the ulcers were frequently of the local variety. Nevertheless, statistics are sufficiently ample to convince the most sceptical who will impartially study this sub-

ject of the vast superiority of the hygienic method.

In regard to the second point, namely, the supposed deleterious effects of mercury upon the system, I would say that I am not one of the class who indulges in a holy horror of the remedy, for I believe, with Niemeyer, that if mercury were capable of doing the immense mischief with which it is charged, we would daily witness the evidences of its malign influence in the thousands of people who, as children, have been liberally dosed with calomel, etc., for various infantile affections. Still, I do claim, that mercury, as a rule, is not only uncalled for, but pernicious in its effects when administered for syphilis. We know that mercury will produce the most serious morbid alterations in the economy, wonderfully like those engendered by the disease which it is given to cure, and it does not seem rational to prescribe such an agent for months in a grave blood dyscrasia.

Many years ago when mercury was abused, syphilis was a terrible scourge; now when it is resorted to in a more judicious manner, we find it in a comparatively mild form. We hear every day, now, the most decided expressions of opinion, from most eminent authority, as to a belief in the curability of the disease, whereas it was formerly considered incurable. The explanation of this lies in the facts just mentioned.

We now no longer resort to anti-phlogistics for pneumonia and other inflammations, because experience has proven their danger and inutility; we make no attempt to cut short essentially cyclical affections. But do we hamper nature in her efforts to relieve herself? The most careful modern researches assure us that syphilis runs a certain definite course, and exhibits a marked tendency to self-limitation, unless interfered with by art. Variola offers us an example of an acute infectious disease expending itself in a few days; syphilis is a chronic infectious disease which takes as many months to complete its regular evolutions—otherwise there are no special indications for the treatment of the two maladies to be drawn from the length of time occupied by the progress of either.

THE next session of the State Medical Association convenes in St. Louis, in April, 1876.

## NEW OPERATION FOR THE RADICAL CURE OF ENTROPION.

BY J. W. CROWLEY, M. D., SALINA, KAS.

Various modes of procedure have been devised for the radical cure of inversion of the eyelids. One and all of these operations, if successful, are liable to leave an unseemly cicatrix, if the lower lid be the one involved. It having fallen to my lot to treat quite a number of cases of entropion where the lower lid was the one at fault, and having obtained in every case, the best possible result, I take pleasure in contributing my mite to the advancement of progressive surgery.

Miller and others claim that the mal-position of the lower eyelid is caused by an inflamed and tumefied condition of the conjunctiva, which increases its magnitude to such a degree as to press on the tarsal surface of the eyelid, and thereby force it out while the ciliary portion, or margin of the eyelid, is turned in upon the eyeball, thus constituting that condition of the eyelid known as entropion. A more erroneous cause could not be ascribed nor statement predicated on a less groundless hypotheses. Let those who have a case of entropion on hand direct special attention to the eye and they will find—what? Not a tumefied condition of the conjunctiva, but, on the contrary, they will find what appears to be a tumefied eyelid and conjunctiva, but, when the eyelid is forcibly everted the surgeon finds an eyelid that is actually smaller than its fellow or neighbor of the opposite side; and instead of an inflamed, tumefied eye and appendages, we find the whole organ below the natural size and not filling, beyond its capacity, the orbital cavity. It is true the eyelid appears to be tumefied, but the position of the eyelid, together with a partially closed eye, gives it that appearance, and the swelling is only apparent and not real, as a closed eye always looks fuller than when open.

The deformity, in my estimation, arises from a different set of causes than those mentioned by the eminent professor above designates. What is the usual position of the eyelids in chronic sore eyes—partially closed and why? Because the light, falling on a very sensitive retina, irritates it, and consequently induces pain which forces upon the patient the necessity

of seeking immunity by closing the eyelids and thereby shutting out as much light as it is possibly convenient for him to do without. This constant habit of keeping the eyelids closed, or nearly so, presses the eye down upon the tarsal surface of the lower lid, causing it to describe a greater circumference than natural, while the ciliary margin of the eyelid is turned in upon itself and compelled to describe the segment of a circle smaller than that natural to it, and in consequence of which the ciliary margin of the lid grows smaller than it was at the time the inflammation or sore eyes first put in an appearance. Again, if you will observe the external canthus you will find the upper and lower lids have united together and increasing further the inability to turn out the ciliary margin of the eyes by either patient or surgeon.

For the relief of inversion of the lower eyelid resort to the following operation, which is as simple as it is efficacious; and while no doubt can be experienced as to its result, no deformity from unsightly scars will present itself to mar the appearance of the eye or compromise the beauty of the fair one should the patient chance to be a female. Without any preparation at all I seat the patient in a chair (reclining chair, if possible) and give a little chloroform. With an ordinary pair of scissors I proceed at once to divide the ciliary margin of the lid in two places to the extent of at least one quarter of an inch. The first incision is made at the junction of the internal with the middle third, and the second at the junction of the external with the middle third of the eyelid. The third incision is made at the external canthus in a line parallel with the margin of the lower lid, dividing the septum between the upper and lower lids to the extent of a quarter of an inch. These three incisions increase the ciliary margin to such an extent that the circumference is greater than the tarsal surface of the lids, and, in consequence of which it must find an accommodating space for itself, and seeks it in that direction affording least resistance, which is externally. The dressing is simple. The incisions bleed freely, and this should be encouraged by the application of a little warm water. As soon, however, as the bleeding ceases a piece of ichthyocolla plaster, wider at one end than the other and sufficiently long to pass from the eye down



under the inferior maxilla is to be applied as follows: The wide end is made to adhere just beneath the incisions in the lid, and the narrow free extremity is carried down the cheek and fastened beneath the inferior maxilla. The wide end of the strap can be made to adhere more firmly by embossing it with a little collodion, which must be extended outside the free margin of the plaster. The collodion answers another admirable purpose—that of corrugating the integuments on the tarsal surface of the lid, which also assists in everting the lid. This plaster can be made to evert the eye-lid to any extent which the surgeon may judge best for the benefit of his patient. Some little care must be given to the incision in the external canthus to prevent it from healing permanently. The only attention really necessary is to break up the little adhesions every morning by a forcible separation of the upper and lower lids.

## Clinical Reports.

### STAVESACRE AND LARKSPUR.

BY J. T. LUCK, M. D., ST. LOUIS, MO.

A few days since I prescribed pyro-phosphate of iron in syrup for a little girl aged three, and at the same time directed that a saturated tincture of stavesacre (seeds of *delphinium staphisagria*,) be used for destroying pediculi capitis on a lad of the family. By mistake, the mother gave the baby f. 3i of the stavesacre tincture. The child was induced by me to drink nearly four ounces of milk; I was in the house when the mistake was made. Prompt and violent emesies ensued; after the stomach was emptied no nausea remained; there was no purging, vertigo or other trouble.

Stavesacre is a handsome member of the genus *delphinium*. Never officinal with us, it has been dropped from the British Pharmacopœ because of the violence of its action. (It is emeto-cathartic.) It is an efficient parasiticide, a strong infusion (℥i to aquæ bull. oj), or the saturated tincture (Tr. 3j, aquæ ʒviij,) applied freely to the head or pudendum for two nights in succession will destroy either variety of pediculi and their ova.

Another plant of this genus—larkspur—"the root of *delphinium consolida*"—is in our sec-

ondary list; the root is now seldom used. (It had formerly the reputation of healing wounds—consolidating—hence the name *consolida*, applied to the species); but the seeds and flowers are deserving of mention, being excellent parasiticides, used as directed for stavesacre. The anti-parasitic properties of these two plants is doubtless due to their containing a similar alkaloid—*delphinia*.

For the purposes above indicated stavesacre and larkspur possess the desiderata of efficiency and cleanliness.

## Reports of Societies.

### MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

MINUTES OF THE NINTH ANNUAL SESSION, HELD AT JEFFERSON CITY, MO., APRIL 20, 1875.

REPORTED BY W. B. WINSTON, M. D.

The ninth annual session of the Association convened at the Capitol of the State, in the Senate chamber, April 20th, 1875, at 10 o'clock, a. m.

The President, Dr. W. O. Torrey, being absent, the Second Vice President, Dr. J. S. B. Alleyne, of St. Louis, took the chair and called the meeting to order, after which the meeting was opened with prayer by the Rev. W. G. Keady, of Jefferson City. On motion, the reading of the minutes of last year's meeting was dispensed with.

The committee of arrangements was called on to report. Dr. G. B. Winston, of Jefferson City, chairman of committee, reported and delivered an address of welcome.

On motion, the election of officers for the ensuing year was proceeded with, resulting as follows:

President, Dr. J. T. Hodgen, of St. Louis; First Vice President, Dr. F. M. Johnson, of Platte City; Second Vice President, Dr. J. M. Allen, of Liberty; Third Vice President, Dr. J. S. B. Alleyne, of St. Louis; Fourth Vice President, Dr. J. T. Wilson, of Weston; Fifth Vice President, Dr. G. B. Winston, of Jefferson City; Recording Secretaries, Drs. E. W. Schauffler, of Kansas City, and H. N. Spencer, of St. Louis; Corresponding Secre-

tary, Dr. J. H. Britts, of Clinton; Treasurer, Dr. A. H. Kincannon, of Clinton.

Drs. Kincannon and Winston were appointed to conduct the President elect to the chair, after which the regular order of business was proceeded with, being reports of standing committees. Dr. Alleyne, chairman of committee on publications, reported two hundred and fifty copies of the proceedings of the last session which had been distributed to members of the Association, to the different medical journals, and to other medical societies.

On motion, Dr. Hodgen, late Treasurer, made his annual report. Drs. Bryant, Elston and Winston were appointed auditing committee to examine same, and in due time declared the report correct.

The committee was discharged and a motion was made to adjourn until 2 o'clock, p. m. Passed.

#### AFTERNOON SESSION.

In accordance with programme, scientific communications were taken up.

On motion, all written communications became the exclusive property of the Association until disposed of by committee on publications, after which Dr. H. N. Spencer, of St. Louis, read an interesting paper on the relation of diseases of the middle ear to diseases of the brain, which was received, discussed and referred to committee on publications.

Dr. Bryant, of Savannah, read an interesting and instructive paper on laceration of the perineum, which was received, a lengthy and quite interesting discussion following. On motion, it was referred to committee on publications.

On motion, the meeting adjourned until 7½ o'clock, p. m.

#### NIGHT SESSION.

At 7½ o'clock, p. m., Dr. S. S. Todd, of Kansas City, presented to the Association, an interesting article on the use of anæsthetics in labor. After lengthy discussions, Dr. J. W. Trader, of Sedalia, read an instructive paper on anæsthesia, which was received, discussed and referred to committee on publications.

On motion, meeting adjourned until Wednesday, 9 o'clock, a. m.

#### MORNING SESSION.

April 21, 1875.

The Association met at 9 o'clock, a. m., Dr. Johnson, First Vice President in the chair.

Minutes of yesterday's proceedings was read and approved.

Moved and seconded that the Corresponding Secretary be instructed to send all regular physicians in the State, a notice of the time and place of the next meeting of the Association. Passed.

Dr. Glasgow, of St. Louis, read an interesting paper on the diseases of the throat and nasal passages, which was received, discussed and referred to committee on publications.

A motion was made and seconded, that when this Association adjourns, that St. Louis shall be the place of meeting next year. Passed.

Dr. G. B. Winston, after a few prefatory remarks, presented to the Association for investigation a brief and rather informal communication of a novel article of pepsin, which he designated

#### GALLINACEOUS PEPSIN.

The article was referred to the committee on publications. The publication was indefinitely postponed for further investigation and verification.

He stated, in substance, that:—

The profession is aware that pepsin is one of the essential constituents of the gastric juice, variously extracted from the stomach of the calf, pig and sheep. That known as Boudault's pepsin is held in highest repute by the profession as a therapeutic agent. Without considering the relative merits of the different kinds now in popular use, I will proceed to present to the Association for their consideration and investigation, that which I have not yet seen noticed, hoping that it may, after investigation, prove a contribution to the present list in the hands of the chemists and therapeutists. It is, in my opinion, the most efficient representative of the gastric juice of the human stomach yet offered to the public.

My object in presenting it at this time—somewhat informally, I admit—is to invite inquiry, investigation and experiment. And I insist that it may not be thrown aside as a mere offering of empiricism, or worthless crudity, but that it pass through the crucible of experiment, as must even, scholastic learning, before verified and utilized.

Gillinaceous wine of pepsin, the only form in which it has been dispensed for general use, is prepared from the slightly rinsed inner or lining membrane of the ventriculus callosus, or third stomach, or gizzard of gallinaceous fowls, which is considered, by physiologists, as only an organ of mastication; but, I am satisfied, it possesses a most powerful peptic

principle, or some peculiar organic matter which, when combined with the gastric juice of the human stomach, very much assists the process of digestion, and tends, in a wonderful degree, to relieve idiopathic functional dyspepsia of the atonic gastric type.

While it possesses more efficiency than any article of pepsin yet presented to the therapist, it also possesses many advantages in accessibility and easy preparation.

The process of preparing pepsin from the stomach or rennet of ruminants is a nice, delicate, and, indeed, difficult chemical process, and attended with too much care to be intrusted to any but the hands of the most skillful chemists, while that prepared from rasorial fowls is simple and easy, and in the reach of every practitioner throughout the country.

Boudault's process is quite complicated. The stomach of the calf must be fresh to begin with; the mucous membrane must be scraped off and bruised in a mortar to rupture the cells and then digested in pure water. The infusion thus obtained is then precipitated with the acetate of lead, which is a compound of oxide of lead, and which must again be mixed with water and decomposed by sulphuretted hydrogen, throwing down the lead, leaving the pepsin in solution. This, after filtering, is to be evaporated at about 100° F. to a syrupy consistency, after which, perfectly dry starch is added to absorb the semi-liquid matter, sufficient to make a dry powder. Lactic acid is sometimes added in small quantity.

In the preparation of the gallinaceous pepsin, no such nice, careful, and difficult process is necessary. First, the inner lining of the ventriculus callosus of rasorial fowls is everywhere to be procured. They will not decompose in the warmest weather; and, consequently, can be kept for use in a dry state like glue. It can be used either in powder, infusion, or wine, in all cases of deficient secretion of the gastric juice; and especially in infants, who suffer so much from obstinate nausea and vomiting from atonic dyspepsia.

The wine being decidedly the most elegant, and perhaps the most efficient form to administer any kind of pepsin; I will give the formula by which our very efficient druggist, Dr. I. G. Riddler, of this city, prepares and dispenses it for use:

Dried membrane, powdered, half an ounce; sherry wine, sixteen ounces; macerate twelve days. Dose from half drachm to one drachm three times daily after meals, for adults.

G. B. WINSTON.

After much interesting discussion, of very many medical matters and some general business, the meeting adjourned until 1½ o'clock, p. m.

#### AFTERNOON SESSION.

Much business of a general nature was transacted.

Dr. Evans, of Sedalia, reported five cases of diphtheria, laryngitis, and membranous croup, in which tracheotomy was performed by himself and others, some of which were entirely successful, others only partially successful, the patients dying from constitutional disease and not suffocation. He reported very favorably of tracheotomy in extreme cases of croup and diphtheria. Other physicians reported successful operations of a like nature.

On motion, the meeting adjourned until 7½ o'clock, p. m.

#### NIGHT SESSION.

The subject of tracheotomy and other treatment in membranous croup and diphtheria was further discussed.

Dr. Britts, of Clinton, reported a case of pelvic abscess, which subject was lengthily discussed.

On motion, the association adjourned to meet in St. Louis, in April, 1876.

### Extracts and Abstracts.

**NITRITE OF AMYL IN VARIOUS FORMS OF SPASM, AND ITS VALUE AS AN AID TO DIAGNOSIS.**—In a paper read before the Philadelphia College of Physicians, Feb. 3, 1875, Dr. S. Weir Mitchell said: Excepting its use in angina pectoris and asthma, this powerful agent had been little resorted to when, in April, 1872 (*Phil. Med. Times*), I reported cases of its use to arrest epileptic attacks. During the same year I advised Dr. Jenks to test its value in puerperal eclampsia, which he accordingly did, reporting his success in the same journal in 1873. During that year (*Arch. Sci. Prac. Med.*, p. 311), Dr. Wharton Sinkler related a remarkable case in which nitrite of amyl had been freely used with admirable results. Since then, in the *Medical Times* and in the *Reporter*, I have more briefly alluded to the value of this agent as a means of diagnosis.

I make this statement, first, because it shows that what I shall state is founded on no brief or recent experience; and second, because it seems to be unknown in England that it had been long used as an antispasmodic agent in America.

For more than a year I had been aware that nitrite of amyl would be a proper means to use in epilepsy. It was clear to me that the nitrite

caused, with rapidity, fullness of the vessels of the whole head, and that near to the outset of an attack of epilepsy there is a condition of vasa spasm. I hoped that I would be able, by the use of the nitrite, to counteract this state of vascular contraction, and so to break the chain of morbid phenomena, and thus end the attack before its more disastrous consequences should follow. This reasonable expectation was not disappointed. I was, of course, well aware that in most cases of epilepsy there would be no time to secure the inhalation of enough of nitrite of amyl to produce an effect, but I was also aware that in at least two classes of epileptics the opportunity for its use would be given. There are rare examples of epilepsy in which the warning of the coming on of an attack so far precedes the spasm and loss of consciousness as to enable the patient to inhale the nitrite. In other cases, the patient has a succession of fits within a limited space of time, and being then, of necessity, in bed, is so placed that a watchful nurse may find time to use the nitrite. I waited long for my first chance, but in March, 1872, the opportunity came. (*Phil. Medical Times*, April, 1872.)

J. C., aged twenty, epilepsy due to venereal excesses—the fits being always preceded, except on two occasions, by spasms of the left hand and arm. As a last resort, three or four drops were put into a vial, and he was directed to inhale it by putting the open vial up one nostril, while with one finger he closed the other, and then made a few full inspirations.

The first attempt failed, because, as he said, the spasm of the left limb made him nervous. On the second occasion, he began to breathe it the instant the fingers twitched, having pulled the cork of the vial with his teeth. In a few moments he felt his face flush, the carotids beat violently, his head felt full, and, the spasm ceasing, the attack at once, and for the first time in his experience, was cut short. Four days later, he thus cut short another attack; and the experiment has since succeeded in eleven fits, and failed, from too late use of the nitrite, in two. Moreover, the attacks have lessened in frequency, and now come on only once in ten or twenty days. Not only is there no evil effect from the drug, but his memory has improved; is again taking bromide of lithium.

During the last two and a half years, he has had only seven fits, the last being nine months ago. I said seven fits, but, in reality, only one fit, all of the others having been cut short by the nitrite.

Since this case demonstrated for me the remarkable power of this agent to check spasm. I have given it for that purpose a number of times, its value being limited by the rarity of cases in which there is time to secure its full inhalation. In some of my examples the

chance of using it has been occasional only, not all of the attacks affording the time needed to secure its value. \* \* \*

In the following case, there was a gastric aura which preceded the fit by an interval so long as to enable the sufferer to inhale the nitrite:

Miss E., aged twenty-six. Has had epilepsy seven years. Her whole history it is needless to relate. About one minute before the fit comes on, Miss E. has a sense of what she calls "goneness" at the epigastrium. This sensation passes into nausea, and apparently the fit interferes with the consequent vomiting, which very rarely follows.

This form of aura is certainly rare. The nitrite of amyl instantly arrests both the nausea and the subsequent fit; but the sense of fullness in the head so alarms Miss E., who is a highly nervous and emotional person, that she is very averse to using it.

The following case, which is one of the most remarkable known to me, was reported by my former clinical assistant, Dr. Wharton Sinkler, in the *New York Archives of Medicine* [?]:

James M., aged twenty-four, single. November, 1871, fell ninety-five feet, and had fractured ribs, dislocated ankle, and fracture of the lower dorsal spine. Unconscious one week. Subsequent palsy of legs, and insensibility. He was five months in this state, and had all of this time incessant headache; then he began to have convulsions, and lost hearing and speech. When he entered the Infirmary for Nervous Diseases, he walked on crutches, but the left leg was palsied totally, and much contracted. The tongue and velum were paralyzed, and he was deaf and speechless.

On the fourteenth day after entering, he had a fit, and they became almost incessant. Blood was taken from his neck, and almost at once hearing came back, but the fits, which were violent, continued. Nitrite of amyl was now used. It checked a long fit instantly, and after this it was given whenever a fit took place and it could be used in time. In every instance it aborted the fit.

I have never seen nitrite of amyl fail where there was time to use it. Last week I suddenly checked with it a fit coming on in my office, and a few months ago had the chance of exhibiting to those present at my clinic its capacity to stop for hours the convulsions of tubercular meningitis in a child.

From what I have seen of this agent, it does not seem to possess, in most cases, any capacity to lessen the probability of a return of the fit; but of its power to arrest the actual convulsion, there can be no doubt.

I have spoken of the use of the nitrite in the convulsions of tubercular meningitis. I have not yet used it in forms of spasms from peripheral irritation in children, but it would be, I should think, a safe and a ready agent.

Neither has it been as yet employed in the horrible convulsions of uræmia.

Dr. M. details at length a case, remarkable for the fact that the patient is liable to at least three forms of attack; and that the nitrite, while it checks one of these, does not affect the second form, and as to the third, far from relieving, only makes it worse. In the spasmodic attack the right thumb is first turned inwards; then the fingers, and lastly the wrist, are forcibly flexed. Rarely the neck is twisted, and more rarely the right face. This form of fit is cut short by the nitrite. As the face flushes, the attack passes off. The spells of pure giddiness have been frequent of late. They come on suddenly, and there are none of the strange mental conditions which attend the other spells. Now, in these vertiginous fits, the nitrite, if used early, only hastens the culmination of the trouble, and, he believes, greatly intensifies it. \*\*\*\*

The influence of amyl over cases of hysterical angina is as well marked as in those of men, or in non-hysterical attacks of this disorder. I have twice employed it in forms of disease which are akin to angina, are not infrequent, but lack a distinct name. Here is one which may pass as an illustration:

A middle-aged lady, after many and grave trials during the late war, began to suffer from occasional attacks, which came at any time in the day, held no relation to conditions of the stomach or uterus, but were at last most frequent and distressing. A sense of fullness at the epigastrium announced the attack, and from the stomach a sort of aura, accompanied with a feeling of panic and terror, passed up into the head, with intense pain in the right neck and face, the infra and supra-orbital region, and at last a few moments of deadly pallor ended the attack, which occasionally wound up with nausea, and rarely with emesis. There was no irregularity of the heart, no pain in the arm, only a slight quickening and enfeeblement of pulse towards the close of the attacks, which usually lasted from one to five hours, and when I saw her were of daily occurrence. After a trial of many means, I at last used the nitrite of amyl. The effect was singularly happy, and it was very rare that it failed to break up and dispel the trouble.

I come now to speak, and with rather more hesitation, of the use of this agent as an aid to the diagnosis of certain forms of cerebral disorders.

Those who see much of neural diseases meet very often with cases of head troubles, in which there are attacks of vertigo, or disturbed equilibrium, or mere sense of fullness with or without mental disorder. Sometimes they are either epileptic and distinctly so, or else they are the far-away beginnings of that malady. Sometimes a therapeutic diagnosis is possible, and the mere fact of the bromides controlling

them may, when taken with the symptoms, clearly settle their nature. But very often our suspicions are in favor of their being purely vascular disturbances of congestive type, and then I think the nitrite of amyl may prove serviceable in settling the question; since in such cases the inhalation will sometimes recreate briefly the train of symptoms, so that they are at once recognized by the patient. This, when it occurs, is fairly conclusive as to the attacks having been truly congestive in character. The negative has also its value. Personally, I have obtained useful help from this means, but I look upon the whole matter as one which it is well to present to the profession as worthy of study, without at present claiming for it any great utility.

I give cases to illustrate the use of the nitrite in diagnosis:

E. L., very nervous and irritable, aged twenty-nine. Has spells, two or three times a week, in which he is said to lose consciousness, without any co-existent spasm. On other occasions the trouble does not go so far. On inhaling nitrite of amyl, he said at once, "That is the kind of feeling I have in my attacks." I came soon, thus aided, to understand that his fits were coincident with relaxation of the arterioles. He was rapidly cured by full doses of digitalis, with general tonics and cold shower-bath.

Robert H., aged thirty-eight; a master of an oyster boat; had a slight sunstroke in August, 1873. Ever since, he has had a great deal of vertex headache, with now and then severe attacks of general headache. I was inclined to believe that the vertex pain was due to subacute meningitis. It was suddenly increased by the drug to such a degree for a few minutes as made me regret my experiment.

In some cases the nitrite has failed to help me; in others it has returned a useful negative; in others a still more valuable affirmative.

After much and long use of it, I have altogether lost the dread of the remedy with which I began. I would suggest that in syncope and in hysterical convulsions it might well repay a trial, and that possibly in the cerebral symptoms arising from shock it may also prove of value, and should be essayed in the cold stage of ague.—*Virginia Medical Monthly*.

**PHYSIOLOGY—THE ACTION OF JABORANDI AND OF ATROPINE UPON THE PERSPIRATION.**—(By Prof. Vulpian.)—My observation upon jaborandi and atropine have led me to seek what might be their mode of action upon the sudoral secretion. It has seemed to me that this mode of action might be compared to that of the same agents upon the sub-maxillary gland.

Keuchel's experiments demonstrated that atropine paralyzes the secretory fibres of the

*chorda tympani*. M. Heidenhain has proved, besides, that they respect the vaso-dilator fibres of this gland, in such a manner, that faradization of the glandular fillet, furnished by the *chorda tympani* to the lingual (that is to say, faradization of the lingual, at the point where this fillet is not yet detached from it to go to the gland), still determines an acceleration in the blood current in the gland, but no longer produces the flow of a single drop of saliva by the canula previously fixed in Wharton's duct. From this it may be concluded that it is not to the circulatory modifications, produced in the gland by electrization of the *chorda tympani*, that the increase of the salivary secretion, determined by this electrization is due, in a non atropinized dog.

It may be added that M. Heidenhain has shown (and I have verified all these points), that electrization of the cervical cord of the sympathetic, in a dog subjected to experiment, i. e. curarized, then atropinized, still provokes a slight augmentation of the salivary flow, to which it gives rise during a short time in a dog simply curarized. Whence we may infer, with M. Heidenhain, this second conclusion, that atropine does not act upon the gland cells proper, otherwise, that is to say, if these cells had been rendered functionally impotent by the action of atropine, electrization of the cervical cord (upper end) of the sympathetic would have produced no result. Therefore, it is by acting upon the peripheral extremities of the secretory fibres of the *chorda tympani* that atropine paralyzes the influence of the excitation of this nerve branch upon the secretion of the submaxillary gland. This being granted, let us submit a dog, already under the influence of curare, to the action of *jaborandi* (or to that of muscarine). If the substance, in infusion or aqueous solution, is injected into the veins, profuse salivation almost immediately takes place. The saliva drops rapidly from a canula placed in Wharton's duct. If now, while the flow of saliva is very abundant, a few drops of a strong solution of sulphate of atropia are injected into the veins, in a few moments the salivary discharge is completely arrested. This is one of the results communicated by M. Carville to the Society of Biology, a result that I have confirmed with him, reproduces for *jaborandi*, what had been observed for muscarine by M. M. Schmiedeberg and Koppe. The information which we possess upon the action of atropine allows us to consider *jaborandi* and muscarine as exciters of the salivary secretion, acting by means of the peripheral extremities of the secretory fibres of the *chorda tympani*, and not by those of the sympathetic. In fact, if the action of these substances took place through the fibres of the sympathetic distributed to the submaxillary glands, atropine would not cause it to cease, for atropine paralyzes these fibres.

I think that the same reasoning applies to the action of atropine and *jaborandi* upon the sudoral secretion. Unfortunately, our notions about the relations of the nervous system to the sweat glands are very imperfect. The experiments of Dupuy and of Alfort have shown that excision of the superior cervical ganglion in the horse is followed by an exaggeration of the sudoral secretion upon the portions of the head and neck to which the sympathetic of the side operated upon is distributed. Cl. Bernard has shown that section of the cord of the sympathetic produces the same effect in the horse as excision of the superior cervical ganglion, and that electrization of the upper end of this cord causes the sweating to cease. These experiments are the only ones that have been made with the object of studying the direct relations of nerves with the sudoriparous glands. They teach us that the fibres of these ganglia of the sympathetic have an influence upon the secretion of these glands, and that these portions of the nervous system act, when they are excited, by arresting the sudoral secretion. They will be, then, in this relation, analogous to the sympathetic fibres of the submaxillary gland; for these latter fibres, when electrized, produce a flow of thick drops of saliva; but, almost immediately afterward, they determine a complete arrest of the salivary secretion. Is it not permitted us to suppose that the sudoriparous glands are also in relation with other nervous fibres which, in connection with the sudoral secretion, play the part taken by the secretory fibres of the *chorda tympani* in relation to the salivary secretion of the submaxillary gland.

I believe that the similarity of the action of *jaborandi* and atropine upon both kinds of glands which we have compared, authorizes us to think that they have very analogous modes of innervation. According to this hypothesis, *jaborandi* acts upon the extremities of the secretory fibres which innervate the sudoriparous glands, exciting these fibres and thus producing an exaggerated secretion; atropine paralyzes these fibres, and annuls the effect of *jaborandi*. Vaso-motor innervation is almost completely eliminated from the question of cause, when considering the mode of action of these substances upon the sudoral secretion.

I will merely add a word relative to the mode of action of the fibres of the *chorda tympani* upon the salivary secretion, and, consequently, upon the mode of action of the fibres, which, I suppose, act in the same way upon the sweat glands. It is conceded, from the experiments of Keuchel and Heidenhain, that the glandular fibres of the *chorda tympani* are excito-secretory elements; that they are placed more or less directly in connection with the gland cells proper of the submaxillary gland, and that they may, when submitted to functional or experimental excitation, induce an exaggeration

of the physiological work of these cells. It seems to me that we can look at the part taken by these fibres in another way.

According to this new view, the secretion of the submaxillary glands will be under the influence of nervous ganglia which exercise a moderating action over them. The variations in this action will correspond with the variations in the functional activity of these glands. The glandular fibres of the chorda tympani will be in relation with these moderating ganglia, and the excitation of these fibres will have the effect of suspending the function of these glands. The moderating influence, exercised by these ganglia, ceasing in consequence of this excitation, the corresponding submaxillary gland may then display its full secretory activity. Jaborandi and muscarine act upon the moderating ganglia, like electrization of the chorda tympani; atropine exalting the normal action of these ganglia.

But these views are, for the present, purely hypothetical, and in no way modify, at bottom, the interpretation which I propose of the action of jaborandi and atropine upon the functions of the sweat glands; this interpretation consists of admitting that these substances act upon these glands, as upon the submaxillary glands, *i. e.*, through the mediation of nerve fibres acting, in relation to the sudoral secretion, the same way as the glandular fibres of the chorda tympani act in connection with the submaxillary salivary secretion.—*Le Progrès Médical*, Feb. 13, 1875. W. B. H.

**QUININE IN WHOOPING-COUGH.**—(By John W. Keating, M. D.)—Believing that those more fortunate members of the profession who are placed by circumstances in a position to note the action of remedies in the treatment of epidemic forms of disease should make public the results of their investigations, I beg leave to add my few drops to the great river of experience.

In the early summer months of this year, while resident physician in the children's ward of the Philadelphia Hospital, I had occasion to see an epidemic of measles and whooping-cough, which diseases occurred at the same time, and ran their course together. Owing to this fact, and also that, as all know, the children are none of the strongest, the mortality was rather large—forty per cent. I was much interested at this time in the controversy as to the possibility, by medicinal means, of cutting short an attack of whooping-cough, and I availed myself of the uncomplicated cases to test the remedies proposed. From the first, I found quinine to be the most reliable.

The number of cases was large, and, as is usual in a hospital, the number of nurses small, so that I was obliged to abandon the idea of noting the frequency of the paroxysms in every case, and could only limit myself to

the few who had their mothers constantly with them, and where the intellectual capacity of the latter enabled them to interest themselves in my experiments.

As an example, I shall narrate one case which was particularly interesting, as the disease was extremely severe, and was uncomplicated. This child was fifteen months old, had been sleeping with its mother, who was an assistant nurse, in the room with the other children, most of whom had both whooping-cough and measles, and took whooping-cough, the attack of measles being deferred till a later period.

For twenty-four hours the mother carefully noted, by pin-holes in a card, the number of paroxysms. I then ordered one-half grain of quinine every hour during the day, the same dose to be given every two hours during the night. At the end of twenty-four hours I again had the "coughing spells" noted. They had diminished in frequency exactly *one-half*. This experiment was often repeated, with the same results, until the end of a week, at which time the paroxysms were very few, but had not diminished in severity.

As an example of the same result in an older child, I may mention the case of a girl about fifteen years of age, who came to Philadelphia suffering from a severe attack of pertussis. The child was particularly annoyed by the severe nocturnal coughing spells, which nothing seemed to relieve. I placed her upon the quinine treatment, and the result was really wonderful; I may say that after the first day she coughed but little, and in less than two weeks the disease had entirely disappeared.

In order to avoid repetition, the conclusions which I arrived at are given, as follows:

1. That in most cases quinine, given in solution, will diminish the frequency of the paroxysms of whooping-cough, provided it be given in sufficiently large doses.

2. That quinine can be given to children in proportionally much larger doses than to adults, but that in very young infants it is contra-indicated, as it always causes vomiting.

3. That carbonate of ammonia will in almost all cases relieve the severity of the paroxysms, and consequently should be given in conjunction with quinine when this indication for its use exists.

4. That the dose of quinine for a child of two years should be at least ten grains daily, in divided doses; it should be watched carefully, and increased if it produces no effect. For a child of twelve years begin with fifteen grains daily, and note the effect of each dose. The drug should be frequently discontinued for a day or so, as it seems to lose its effect.

I merely offer this as the result of observation in one epidemic, for I know that the value of this treatment is acknowledged by some and denied by others.—*Med. Times*.

**MEDICAL PROPERTIES OF SALICYLIC ACID.**—The Boston *Medical and Surgical Journal* gives the following information about this substance :

In the lying-in hospital of Leipsic, salicylic acid has been employed to the exclusion of carbolic acid since July last, for disinfection of the hands, in vaginal douching, application to ulcera puerperalia, etc., in solution in water of one part in three hundred to one part in nine hundred, or as a powder mixed with starch in proportion to one part in five. This use of salicylic acid has thus far been attended with such successful results that it is recommended in the strongest terms for use in obstetric practice, by the authorities of the hospital.

Professor Kolbe suggests that physicians, and especially hospital physicians, should study the action of salicylic acid as a medicine, whether and in what quantity of larger or lesser doses it will influence scarlet fever, diphtheria eruptions, syphilis, dysentery, typhus, cholera, etc.; and whether it may be used against pyæmia and the bites of dogs; also whether it may not be used advantageously among horses, cattle, and sheep, to prevent glanders, foot-rot, mortification, etc.

Kolbe, to prove the innocuousness of salicylic acid, took, for several consecutive days, half a gramme (seven and a half grains) daily, in water, one part to one thousand, without the slightest observable unpleasant effect. After an interval of eight days he took, for five consecutive days, one gramme (fifteen and a half grains) daily, and then for two days one and a half grammes (twenty-three grains), in alcohol, each day. The digestion was perfectly normal; no trace of salicylic acid could be found in the urine or fæces. (The test is perchloride of iron, which gives an intense violet color.) At no time was there the slightest discomfort.

The experiment was repeated by Professor Kolbe and eight of his students, all at the same time. Each took on the first day one gramme, and on the second day one and a quarter grammes, of salicylic acid. Not one of them was able to observe the slightest derangement of any organs.

The acid in diluted solution is employed to wash the feet, to prevent the offensiveness arising from the butyric, valerianic, and other related acids in sweat. It is also used as a constituent in tooth-powder, and for a liquor to wash the mouth.

Professor Wunderlich, of the University Hospital, Leipsic, recommends a medicinal preparation of salicylic acid for internal use, consisting of

R	Acidi salicylici,	1 gramme.
	Olei amygdalæ dulcis,	20 "
	Gummi arabici,	10 "
	Syrupi amygdalæ,	25 "
	Aquæ floræ aurantii,	45 "

Kolbe proved by experiment in the bath that the salicylic acid is very little, if at all, absorbed through the skin.

C. Neubaues (a pupil of Professor Kolbe) has experimented with salicylic acid, to determine the quantity necessary to arrest fermentation in solutions of sugar and in new wine. He found that one gramme of salicylic acid is adequate to make 0.98 gramme of press yeast (weighed dry) in ten litres (about ten quarts) of new wine incapable of fermentation.

**ANTI-PYRETIC TREATMENT OF ACUTE RHEUMATISM.**—Mount Sinai Hospital, New York, has adopted the treatment of acute rheumatism by the use of cold externally applied. The method consists in the use of cold baths, combined with ice-bags, to the inflamed joints. Every patient does not bear well the cold baths, but the ice-bags always prove grateful and always remove the pain. The very curious point has been noticed, that, if blankets are placed over the patient, or in any way the patient be allowed to sweat, the cold loses its efficacy. It is found, also, that if the ice-bags are removed from the inflamed joints, the pain sometimes reappears, and, when it does, a return to the ice-bags again relieves the patient.—*N. Y. Med. Jour.*

**SOLUTION OF IODOFORM.**—Dr. N. G. McMaster has introduced at Emigrant Hospital, Ward's Island, the ethereal solution of iodoform in the treatment of some venereal diseases. The solution is made by adding 3ss of iodoform to ʒj of ether, and has the advantage of being more thoroughly applied to the tissues, as upon the evaporation of the ether the iodoform is left in a very minute state of distribution. This solution has proved specially serviceable in the treatment of balanitis. The method of applying is to paint it over the inflamed gland with a camel's hair pencil, and by repeated applications of the solution any quantity of the iodoform may be deposited.—*N. Y. Med. Jour.*

**ELECTRICITY IN THE TREATMENT OF VOMITING.**—Dr. Lente (*Archiv. Electrology and Neurology*, Nov. 1874) reports sixteen cases in which severe vomiting, from various causes not controlled by ordinary remedies, were speedily relieved by electricity. The currents used were the Faradic, and induced and were passed from the nape of the neck to the epigastrium, and continued from ten to twenty minutes.

**WARTS.**—Dr. Guttceit recommends rubbing warts, night and morning, with a moistened piece of muriate of ammonia. They soften and dwindle away, leaving no such white mark as follows their dispersion with lunar caustic.



**SUBCUTANEOUS INJECTION OF STRYCHNIA IN DIPHThERITIC PARALYSIS.**—In the *Deutsches Archiv für Klinische Medizin* for 1874, Dr. Acker relates some cases of diphtheritic paralysis. In one of them, the patient, a man aged 38, had complete paralysis of both the external and internal branches of the superior laryngeal nerve. Not only was there complete loss of sensation in the upper cavity of the larynx and paralysis of the external branch supplying the crico-thyroid muscles, but also of the fibres of the internal branch which supply the thyro- and the arytaeno-epiglottic and arytenoideus transversus muscles. The author believes that this peculiar affection of the superior laryngeal nerve is to be explained by the course which it takes along the middle constrictor of the pharynx, whereby the morbid process affected it by local influence, just as it produces paralysis of the nerves of the palate and oesophagus. In the case referred to, there was disturbance of co-ordination of the muscles in walking, and the paralysis of sensation and motion was most marked on the right side. The patient had also impairment of the sense of touch. The application of galvanism along the spine, along with hypodermic injection of strychnia, produced so much improvement, that Dr. Acker was led to specially examine the action of strychnia in such cases. It was used in the form of a solution containing 2 per cent.; and within four weeks 0.4 *gramme* (three-fifths of a grain) was injected into a man. Of the beneficial action of this treatment, Dr. Acker specially convinced himself in the case of a woman, aged 36, with complete paraplegia.—*Brit. Med. Jour.*, Jan. 30, from *Centralblatt*, No. 57, '74.—*Am. Jour. Med. Sci.*

**APOMORPHIA; ITS PHYSIOLOGICAL AND THERAPEUTIC PECULIARITIES.**—The following (*Allg. Wiener Med. Zeitung*, Feb. 2, 1875) physiological and therapeutic effects of this article have lately been the subject of careful investigation. Its main action is emetic, and the emesis occurs after its administration by any mode, but most rapidly when injected into the veins or subcutaneously. When introduced into the stomach, its action is less positive, and larger doses are required. It is always preferable to administer it subcutaneously, for the reasons that it is not at all painful, nor is it liable to produce abscess or dermatitis. For two or three minutes following the injection, the patient experiences no change of sensation whatever; soon, however, he feels a sense of weight in the epigastrium, accompanied by a slight headache. Salivation increases, becomes very profuse, and the entire body is covered with perspiration. One or two attempts at vomiting are made, but fail, at the third, or at farthest, the fourth attempt, free and profuse emesis occurs. The patient "throws up" three or four times in succession,

after which there is a period of rest. After the intermission of five or six minutes, the vomiting again sets in, and is again succeeded by a season of rest, and so the scene repeats itself five or six times, until finally, in the course of perhaps half an hour, the symptoms abate, and a sleep of from one-half to one hour ensues. Dr. Chouppe fixes the average dose for an adult at one centigramme, or about 1-6 of a grain.—*The Clinic*.

**ON THE TENSILE STRENGTH OF THE FRESH ADULT FŒTUS.**—Dr. J. Mathews Duncan (*British Medical Journal*, December 19, 1874) reports some laboratory experiments made to determine the force available in delivering a child by the feet. His method of experimentation was as follows:

The body of a fresh, newly-born adult child was passed through an aperture, so cut in hard wood as to represent the brim of a contracted pelvis. A weight was suspended above the ankle, and was gradually increased, till the body of the child was severed. This dissection always took place at the neck. The force necessary to produce it varied, in five experiments, from ninety-one to one hundred and eighteen pounds. From the fact that the cervical vertebrae first separated, it would seem that the real force was expended on the spinal cord. One limb of the child was sufficient to withstand a force which broke the vertebral column.

Thus it is clear that there is a limit to the force that can be safely applied to the feet of an infant, and that this limit is less than is usually supposed.—*Detroit Review*.

**COLLODIUM ANTIPHELIDICUM.**—The *Pharmaceutische Zeitung* says that collodium to which two per cent. of zinc sulpho-carbolate has been added is an effective application for sunburn, freckles, and other natural skin spots. The prescription runs:

R. Zinci sulpho-carbolici,	1-0
In pulverem terendo redactum immitte in	
Collodii optimi,	45-0
Olei citri,	1-0
Spiritus vini,	5-0
Sæpius agita, seponere et decantha.	
— <i>Med. and Surg. Reporter</i> .	

**UTERINE HÆMORRHAGE TREATED BY WARM INJECTIONS.**—Dr. Windelban, of Berlin, (*Allg. Wie. Med. Zeitung—The Clinic*), has treated all the cases of uterine hæmorrhage which came under his care during the past year by vaginal irrigation with water of a temperature of 95° to 100° Fahr. Subjected to this treatment were twenty-one abortions, two cases of profuse hæmorrhage accompanying placenta prævia. Hæmorrhage from fibroids and carcinoma of the uterus. Hæmorrhage from the empty and relaxed uterus after parturition, etc., with invariably the very best results.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - May, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDER, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### THE TREATMENT OF CHRONIC SKIN ERUPTIONS IN CHILDREN.

The medical dogma of to-day frequently becomes the deeply-rooted popular prejudice of to-morrow, and what an incontrovertible experience has taught us to relinquish as fallacious, is often steadfastly retained in the creed of the laity; but we are sorry to confess that the latter are not alone chargeable with the cherishing of obsolete ideas, for we are ourselves sometimes amenable to the same criticism.

These facts are nowhere more apparent than in the views formerly assiduously inculcated and still held by many medical men and the majority of the vulgar as to the serious danger to be apprehended from the cure of chronic skin eruptions, especially in children. We were advised to adventure upon such procedure, if at all, with hesitation and caution; for it was believed that the entire removal, or even amelioration, of these supposed beneficial sources of derivation, might affect with greater severity organs more important to life. In a like manner it was considered a hazardous matter to suddenly check discharges from the ear, although we are confident that the educated aurist would now ridicule the fear, if he were not the more inclined to condemn the pernicious theory upon which it was founded.

We would be prompted to relegate these things to the inquiries of the medical antiquarian, were not such doctrines—especially upon the subject under consideration—still held by a respectable minority of general prac-

tioners, and yet to be found in the pages of text-books intended for the use of students.

All dermatologists of the present day are fully agreed upon the advisability of the speedy and complete cure of chronic skin diseases, and are unanimous in their opinions upon this subject. Eczema—we mean in its broadest term—is by far the commonest of infantile dermatological affections, and by its extent, severity and situation, is the disease in which we generally have to decide negatively or affirmatively as to the necessity and medical propriety of a cure.

The only high scientific authority among modern writers—and not a specialist in the branch—who takes the negative side of this proposition is Niemeyer. It is but fair to give the substance of his remarks: He is of the opinion that it is inadmissible, or, at all events, hazardous to employ vigorous local treatment in moist eczemas of the face and scalp in children. He regards it as an unmistakable fact that the sudden disappearance of such eruptions are often quickly followed by bronchial catarrh, croup or hydrocephalous, and that tedious catarrhs or other affections often subside as soon as an eruption of this kind makes its appearance. However, he further states, it does not follow, by any means, that the internal maladies have supervened in consequence of the cessation of the cutaneous diseases, nor, on the other hand, have we any proof that it is because of the outbreak that they subside. He, moreover, insists that we are equally uncertain of the contrary proposition, and that, upon the whole, he would hesitate before resorting to local measures, although he admits that his fears may be as groundless as those which once obtained in regard to the local treatment of scabies. In the same work from which these quotations are made, we find in the section on measles, that the author inveighs against any attempt to reëstablish an eruption that has disappeared:

“Among the accidents that demand active treatment, during measles, most authors place the ‘striking in of the eruption’ in the first rank, and consider its restoration the most important point in treatment. We do not hesitate to say that it is just as unscientific as it is dangerous to carry out this indication; it is dangerous because it readily induces rules which may have an injurious effect on the

course of the disease. As above shown, the so-called disappearance of the eruption is not to be regarded as the cause, but as the result of a bad turn of the disease, and is due to the general collapse of the patient, in which the skin participates. This is due to the appearance of some complication, especially pneumonia."

In case it may be remarked that the specialist is too prone to forget that he is likewise a physician, and treats the disease without due consideration of the patient, we will first take the views of general practitioners, especially those particularly conversant with infantile maladies, in support of the affirmative in the subject under discussion. Tanner, Vogel and J. Lewis Smith give exact indications for the treatment of these skin eruptions without even mentioning the possibility of any evil result as a consequence—the question is not at all discussed. Meigs and Pepper and Steiner, evidently regarding the subject as worthy of a passing comment, inasmuch as many physicians still are laboring under erroneous views, refer to it in a more emphatic manner. Drs. Meigs and Pepper, in their very valuable treatise on diseases of children, very explicitly declare that they "no longer attach any importance to this popular apprehension, and always endeavor to secure as rapid a cure as possible, by appropriate general and local treatment." Dr. Johann Steiner, in a recent work, *Compendium of Children's Diseases*, observes on this point: "More than a thousand cases of eczema have come under my own observation, and almost all have been subjected to local treatment, without respect to their duration or extent, and I do not know that any fatal case has occurred during or after such treatment. On the contrary, I have had repeated experience that the cure of the eczema has been followed by relief of various diseases, which have been caused by the distress and restlessness due to the eruption." The space at our command forbids further reference to general writers; but it will suffice to say that the weight of modern authority favors an early and speedy cure of these harassing skin affections.

As before remarked, all dermatologists fully concur as to the advisability of prompt local measures in these complaints. Wilson draws a most vivid picture of the evil results of a postponement of cure. Tilbury Fox enters

into the most minute details of treatment, making, however, no special indications, nor contra-indications, from the seat, chronicity or age of the patient. Finally, Dr. Isidor Neumann, the disciple of Hebra, and a fair representative of the German school, offers the following conclusive remarks upon the treatment of eczema:

"The different views in regard to treatment have varied according to the opinions entertained as to the cause of eczema. Local treatment was for a long time repudiated, and most of all in the eczema of children, because it was asserted that hydrocephalus, meningitis, pleuritic exudation, bronchitis, etc., resulted from the removal of this beneficial source of excretion. We have, however, had an opportunity of observing a great number of children, and we have never experienced such evil results, although we have always treated eczema locally. The proportion of these diseases, hydrocephalus, meningitis and croup, to eczema is so exceedingly small, that in a total of thirteen thousand sick children we saw but ten hydrocephalic and ten croupous. On the contrary, we know children who, by the many sleepless nights and the constant drain of the exudation had become reduced, to improve after the removal of the eczema, and increase markedly in their weight. We do not, therefore, fear curing an eczema, and make no use of internal remedies, except in those cases where the connection with diseases of the internal organs is clear." \*

Thus it will be seen, that whether, with one school, we regard these chronic or acute skin eruptions as merely the expression of a constitutional vice, or, with the other, as lesions essentially local in their nature, the preponderance of opinion is positive in favor of their speedy and absolute removal.

H.

---

#### MEDICAL AND SURGICAL DISPENSARY.

---

A private gynæcological and lying-in hospital with dispensary department for the treatment of out patients, under the style of the Medical and Surgical Dispensary, has been established on the corner of Ninth and Christy avenue. The gynæcological department is

under the charge of Prof. T. L. Papin, M. D., and the lying-in ward is under the care of Dr. M. Yarnall. Dr. J. C. Yarnall will act as resident physician. The matron in charge is Mrs. Steward, who is well and favorably known as a ladies' nurse.

We hope success will crown this undertaking, for it meets a want long felt in St. Louis.

Prof. Papin's connection with this institution is a sufficient guarantee to insure the hearty co-operation of the profession at large.

WE have often been struck with the fact that persons who had been inoculated with small-pox, or had been the subjects of variola and varioloid, still remained, in a large proportion of cases, susceptible to vaccinia. This fact, if further corroborated, naturally gives rise to the query, does variola afford the immunity against vaccinia which the latter undoubtedly does to the former? H.

DR. YANDELL, of Louisville, proposed recently at a meeting in that city, that the members of the American Medical Association be not furnished with wine. Dr. Gaillard, however, more hospitably inclined, declared that this august body would be stimulated by their hosts *ad libitum*, or *ad nauseam*, as the case might be.

## Book Notices and Reviews.

LECONS SUR L'APPAREIL VASO-MOTEUR (*physiologie et pathologie*), faites à la faculté de médecine de Paris, par M. VULPIAN, publiée par le docteur Carville. Paris: Germer-Bailliére, éditeur.

The first volume of Prof. Vulpian's lectures has just made its appearance, the second will soon follow, thus completing a work of the highest value to those who desire facts upon which to base their ideas of physiology and pathology in place of theories more attractive in appearance than fruitful in practical results. Prof. Vulpian brings to his work a critical spirit and profound knowledge of things, which has enabled him to appreciate facts at their real value and to draw from them correct conclusions.

The following passage, cited from the preface, will indicate his circumspection. Speaking of the uncertainty of our knowledge upon many points of the physiology of the vaso-motor nerves, and of the prudence to be exercised in applying the results of experi-

ments to the explanation of pathological phenomena, he says:

"For my own part, I have always struggled against the deplorable tendency of prematurely applying to pathology the information, while yet uncertain, derived from experimental physiology. For the most part, the assertions thus emitted without any sort of critical spirit, are, besides, absolutely destitute of proof; these are the speculations of the closet, such as any one can imagine at pleasure. And it is easily proven that the vaso-motor action attributed, by these physicians who have never made the slightest serious experiment themselves, to such and such a medicament, or such or such a poison, are often the contrary of what physiology reveals to us."

In the first lecture, devoted to the history of the discovery of the vaso-motor nerves, due credit is given to the different workers in the physiological laboratory to whom we are indebted for what knowledge we have heretofore possessed of their existence and of their functions. In this chapter the structure of the vessels, the manner of distribution of the nerves and the inter-relation between the nervous and muscular elements are considered.

The second chapter treats of the effects upon arterial contractility of mechanical irritants, electricity, chemical reagents, toxic or medicinal substances, etc. The contractility of capillaries and veins, and the spontaneous rhythmic movements in certain vessels are also considered.

The third chapter is devoted to a consideration of the action upon the vessels of the cervical cord and superior cervical ganglion of the great sympathetic.

In the fourth chapter clinical evidence is given of the influence upon the vascular system of lesions affecting the sympathetic. Vaso-dilator nerves are next considered. It is known that blood vessels are provided with muscular fibres disposed concentrically, their contraction would therefore determine a diminution of vascular calibre; Vulpian shows that experiment has brought to light a singular fact which must be accepted, viz: that there are nerves whose excitation causes a dilatation of the vessel to which they are distributed. We owe our knowledge of these nerves to Claude Bernard; they are called *vaso-dilators*, while the others are named *vaso-constrictors*.

Repeating Ludwig's experiments upon the submaxillary gland, Claude Bernard demonstrated this fact: that the action of the lingual, or rather that of the glandular filaments given off from this nerve, is due to an anastomatic band furnished the lingual by the *chorda tympani*; the action, namely, of arrest of the salivary secretion when the lingual is cut, and the reestablishment of the secretion when the peripheral end of the cut

nerve is excited; hence, the *chorda-tympani* is a typical vaso-dilator nerve.

Cl. Bernard sought to demonstrate other vaso-dilator nerves, and thought that the auriculo-temporal branch of the trigeminus, which anastomoses with the facial, performed that function for the vessels of the ear; and the same function was assumed for the nerve fibres distributed to the carotid. Bernard affirms, Vulpian denies, that the *par vagum* determines a dilatation of the vessels of the breast. The *chorda tympani* not only acts as a vaso-dilator nerve to the submaxillary gland, but also to the vessels supplying the tongue as Vulpian demonstrates by conclusive proofs derived from experiments.

The *nervi erigentes* of Eckhard are also vaso-dilators, they arise from the sacral plexus and are distributed to the *corpora cavernosa* with the pudic nerves. The latter have nothing to do with, while the former produce erection of the penis; the erector nerves act upon the arterioles of the cavernous bodies rather than upon the areolar tissue. Goltz demonstrates that the nerve center for the erector nerves is located in the lumbar region of the spinal cord.

How shall we explain the action of the vaso-dilator nerves? According to Heidenhain's experiments, atropine paralyzes the action of the *chorda tympani* upon the salivary secretion, while leaving its action upon the vessels of the submaxillary gland intact; Vulpian asks, how shall we explain the results of these experiments if we do not admit that these are secretory nerves?

These experiments give a death blow to the time-honored hypothesis of an attraction of the blood by the tissues. Vulpian sees in this, an action of *arrest*, an inhibitory action, comparable, in some degree, to the physical action of the interference of light; he makes a reserve, that the vaso-dilator nerves act upon the vascular tonicity only through their connection with the nerve ganglia which control them.

There have been many hypotheses regarding the origin of the vaso motor nerves. We now know that they originate principally from the spinal cord, but have no precise knowledge of their actual mode of origin. Hence certain lesions, and special modes of excitation of the cord produce great effects upon these nerves, and, consequently, upon the vessels to which they are distributed. Hence partial lesions of the cord determine vascular constrictions or dilatations in the parts in nervous relation with the portion of the cord affected; each of these modifications arise from an excitation thus translated by a constriction or dilatation of the vessels supplied with nerves from the region affected. Thus is explained the variability of the phenomena observed. Reflex dilatations of the vessels, produced when the cellular tissue or muscles are exposed, is thus easily explained, as well as a multitude of other phe-

nomena; the excitation of the surface passes to the cord and is reflected by the vaso-dilator nerves.

It has long been in question whether there was a single vaso-motor center or several. Some authors state that there is a single center and locate it in the *medulla oblongata*, others place it in the *pons varolii*. Most physiologists adopt the former opinion. Vulpian, as the result of his experiments, teaches that there is a chain of such centers located in the *medulla* and extending throughout the cord; not only are there these centers, but he demonstrates that the different ganglia of the sympathetic may also act as vaso-motor excitors.

He also demonstrates that state of semi-contraction in the muscular coat of the small vessels, termed vascular tone; this it is which gives them a certain power of resistance.

Regarding the question of the existence of inhibitory nerves, he shows that the spinal cord acts upon the heart and vessels through the intermediacy of the vaso-constrictor and vaso-dilator nerves, by increasing or diminishing the arterial tension.

He then considers the influence of the vaso-motor nervous apparatus upon the pressure of the blood, absorption, erection, reflex congestion, erectile tumors, and upon the glandular organs.

The consideration of the action of nerves upon the last named structures fully shows the importance of the physiological action of this system of nerves. The researches with which he closes the first volume, relative to the action of these nerves upon the secretions, the stomach, the intestines, the kidneys and upon the liver, show the immense importance of the subject under consideration.

We have given a condensed summary of the contents of this book, which is truly a monument of scientific research; but we have not been able to reproduce the clear, vigorous style of the careful and able editor, M. Carville, who has thus shown himself a worthy, nay, an indispensable co-worker with, and competent assistant to his illustrious master. W. B. H.

VAGINO-CERVIPLASTY IN LIEU OF AMPUTATION OF THE CERVIX UTERI IN CERTAIN FORMS OF INTRA-VAGINAL ELONGATION.—By Montrose A. Pallen, A. M., M. D., Lecturer on the Surgical Diseases of Women in the Medical Department of the University of New York. Reprint from *Journal of Obstetrics*, February, 1875. New York: William Wood & Co. 1875.

PNEUMO-THORAX.—A Series of American Clinical Lectures, edited by E. C. Seguin, M. D., Vol. I, No. 3. By Austin Flint, Sr., M. D., Professor Principles and Practice of Medicine, Bellevue Hospital Medical College. New York: G. P. Putnam's Sons. 1875. The profession needs more lectures of this sort.

## Miscellaneous Notes.

**CHLOROFORM DEATH: RESUSCITATION BY NELATON'S METHOD.**—Dr. Freuzal reports (*Progrès Médical*, January 30) a case in which a child, apparently dead from the administration of chloroform, was recalled to life by inversion and suspension by the feet, and forced movements of the chest. The case forms an interesting pendant to those related at length in our columns recently by Dr. Marion Sims and Sir J. Rose Cormack. The lips and face were discolored, and there was neither heart-action, pulsation, nor respiration. The effect of inversion was very rapid, and markedly effective.—*The Clinic*.

**A NEW POULTICE.**—It is stated in our foreign exchanges, that a new form of poultice has been introduced to the notice of the profession by M. Lelièvre, a Paris chemist, which is proposed as a substitute for linseed meal. It consists of a substance extracted from the *fucus crispus*, which can be preserved in sheets like paper. For use, a piece of suitable size is cut and dipped in warm water; it swells rapidly, softens, and can be immediately employed as a poultice. A very favorable report on the substance was presented to the Academy of Medicine by a committee who had used it, praised it highly, claiming for it the advantage that the poultices do not dry, do not slip from the place to which they are applied, have no unpleasant odor, do not soil linen, and can be used over again many times.—*Med. and Surg. Reporter*.

**EXTRAORDINARY SIZE OF A CHILD AT BIRTH**—Dr. Blake related (at a recent meeting of the New York Pathological Society) the measurements of a child, taken forty-eight hours after its delivery, the dimensions being so large that he wished to place them on record. The head measurements were as follows:

Occipito-mental.....	6½ inches.
Frontal.....	6 "
Perpendicular.....	5 "
Transverse.....	4½ "
Temporal.....	3½ "

The body measurements were:

Around Thigh.....	7 inches.
" Calf of the leg.....	13 "
" Chest from under axillæ.....	13½ "
" Biceps.....	4½ "
" Middle of forearm.....	4½ "
Length of the child.....	23½ "

The tallest child at birth on record, previous to the reporting of this case, measured twenty-one inches. The cranial bones were all ossified, and the head presented the appearance of that of a child three or four months old. The

mother of the child had had an abortion, previously, and this was her first at term.

Dr. Mary Putnam Jacobi said that first children were always larger than subsequent ones, and this was a frequent cause of death at birth. The mental and physical capacity was very much taxed in primiparæ. She believed that mothers who led indolent lives bore larger children; she had noticed this in two or three cases that had come under her own observation.

Dr. Blake said that the mother of this child was one of the class just mentioned.—*Med. and Surg. Reporter*.

**CREMATION.**—Henry Laurens was one of the wealthiest merchants of Charleston. When the revolutionary struggle commenced he was in Europe superintending the education of one of his sons. He immediately returned home, threw himself with great vigor into the contest, was one of the foremost patriots of South Carolina, and enjoyed the unbounded confidence of Washington.

It is known that the distinguished South Carolinian made a will which contained the most positive commands for the burning of his body. The reason for this strange order is not generally understood. Laurens had a daughter, one of the loveliest of the girls of South Carolina. When about fifteen years of age she apparently died, and was shrouded and placed in a coffin for burial. The coffin was open, and lay in a room fronting the bay. A number of her friends, young ladies and gentlemen, were sitting as watchers of the corpse. As one of the ladies walked near the coffin she was startled by a slight movement of the body, and her actions drew the other watchers to the coffin. They were soon convinced that Miss Laurens was alive. The family were summoned, and prompt measures taken for her resuscitation, which were successful. She afterward married Dr. David Ramsey, the patriot and historian, and an eminent physician of Charleston. Laurens never forgot the scene in his house connected with the narrow escape of his daughter from being buried alive. In prescribing cremation for his body, and in directing disinheritance for disobedience of this order, he declared that he could conceive of nothing more terrible than resuscitation in a closed grave. His body was burned in accordance with the injunctions of his will.—*Prof. D. W. Yandell—Valedictory Address*.

**THE FASHIONABLE PHYSICIAN.**—The London *Globe* prints the following readable article: In the full swing of medical practice, it says the pace is tremendous. When once the indefinable stamp of fashion is set upon a doctor every one wants to engage his services. You may go to the great man's house again and again, and the great man will not be able to

see you. You may write to his secretary, and the secretary may make an appointment the week after next, but it by no means follows that he will be able to keep the appointment. As soon as the clock strikes two he makes a dash from the consulting room, swallows an apology for a lunch, and you presently see him driving past the windows. In vain the unpunctuality is notorious, in vain the consulting fee is doubled. People are determined to have the great man, and the great man they accordingly get; they will bring him down two hundred miles, though they have to pay two hundred guineas for the journey. They will have him though the patient may be *in articulo mortis*. For there are circumstances under which some rich men think no consultation is too costly. They will have him and no one else, although the case, scientifically considered, may be as simple as a cut finger. Sometimes they resort to him because the case has already baffled the average skill of the average practitioner, and it not unfrequently follows that the celebrated physician makes a diagnosis, and suggests a remedy that sets his brethren to rights. On the other hand, the average practitioner has his revenge in repeating stories of extraordinary blunders perpetrated by fashionable physicians. But when the fashionable physician has really obtained this immense practice, the charm of the practice must depart. The great physician becomes a great slave. He lives in a state of gilded captivity. He cannot call his house his own, or his hours his own, or his family his own. He is at the beck and call of the public. He takes his meals with his loins girded; or, rather, he may be obliged to exist on Liebig's extract for want of time to partake of solid food. When the tide of fashion sets in he is almost submerged beneath the wave. He bids farewell to leisure, friends, private life—all that makes existence endurable. The guineas accumulate, the checks, the bank-notes, there are plethoric investments, a lordly income. But a man's income for all purposes of enjoyment is not what he gets, but what he spends. Many men who imagine that they are in the enjoyment of a stately income are often, like children, playing with little bits of paper that come in and little bits of paper that go out. There is not so very much use in a man getting £15,000 a year if he can hardly spend £1,500. But as a rule we acquit great physicians of any mean love of filthy lucre. They hardly know the sums which roll out of their pockets when, worn out and harassed, they tumble into the uncertain bed from which the night bell may arouse them. They would willingly take less of lucre for more of leisure. This was a strong idea of the late Sir Henry Holland's. He early fixed the modest limits of his professional income at £5,000, and would allow no professional business to interfere with his three

months' holiday. He had his reward in living to Nestorian age, with all the reputation of Nestor's wisdom. The fashionable physician who reciprocates the firm belief which the London public have in him with a corresponding belief in himself, is goaded on by two considerations of supreme weight. In the first place he believes that he is conferring a great amount of good on suffering humanity which no other physician could render equally well with himself. In the next place, he believes that he is steadily enlarging the limits of medical science. Each patient is a book, and his practice represents the library of medical knowledge, he is willing, therefore, to endure any toil, although he knows how dangerous is such toil when carried beyond the endurable limit. Such a course is especially likely if he is a believer in the boundless future of medicine, in new methods of diagnosis, in new systems of therapeutics, and has the "enthusiasm of humanity" in his soul.—*Canada Lancet*, April 1, 1875—*The Clinic*.

**THE CIRCULATION OF THE BLOOD.**—We have all heard the story of the Japanese potentate, who, desirous of consulting the then most eminent practitioner in the world, directed his letter simply to "Boerhaave, physician, Europe," and how it reached its destination. Recently we came in possession of an antiquated book bearing the title "Dr. Boerhaave's Academical Lectures on the Theory of Physic. Being a genuine Translation of his Institutes and Explanatory Comments. London: 1773." On page 38 of Vol. II we find the following:

"*Hippocrates* has had the Honour given him of knowing the Circulation, first by *Riolan*, and then by *Drelincourt* and others; but it is certain, that if he understood the Blood's Motion, and has expressed himself so intelligibly about it, that his acutest Interpreter, *Galen*, did not thence so much as suspect that the Blood had a circulating Course. But we are well assured, that the first Author who taught "that the Blood of the Vena Cava did "not pass thro' the Septum Cordis into the left "Ventricle, but that it arrived thither by a "long Course thro' the Artery and Vein of the Lungs," was one *Michael Serretus*, a Spanish Physician, in his very scarce Book, *De Erroribus Trinitatis*, published at *Basii* in the Year 1531. The same Thing was soon after proposed by *Columbus* in a Manner so much alike, that one of them seems to have taken it from the other. After these, *Cæsalpinus* had much the same Notion, and also imagined that the Veins did not convey the Blood from, but to the Heart. All these seem to have had a distant View of the Blood's true Course, but in part only; so that as they did not understand

a profound Veneration; because it is upon his System only, that we can obtain any just Notions either in the Theory or Practice of Physic, which have by this Means been purged from Fiction, and founded on the true Basis, which is equal to the Dignity of the Profession.

In 1656, *Wren* and *Lower* first injected Liquors into the Veins of Animals; since which Time we have had various medicinal Liquors injected into the circulating Blood of Men, which have produced the very same Effects throughout all the Vessels of the Body, as if a larger Dose of the same Medicine had been taken inwardly.

In 1658, Dr. *Henshaw* discovered a Method of transfusing the arterial Blood of one Animal into the Veins of another; which Experiment was afterwards improved and published by Dr. *Lower*, (*de Corde*) Ann. 1665. The Blood of the emittent Animal being hereby exhausted, it expires, while the Recipient continues alive and well. To do this, let two Dogs be tied down near each other upon the same Table; then denudate and tie the carotid Artery of one, and the crural Vein of the other, and after making an Incision in the Carotid betwixt the Heart and Ligature, insert a Tube, whose other End is to pass by an Incision into the crural Vein of the other; and thus the Blood will pass into the Veins of the last Dog, till the first expires. This Experiment seems to have been first hinted by *Libavius*; and though Dr. *Lower* undoubtedly before-hand with Mons. *Denis* in the Trial of it on Brutes, yet the *French* first tried the Transfusion on Men. The Experiment was soon received with great Applause both thro' *France* and *England*, and great Things were expected from it in the Cure of Diseases, and the Recovery of Youth, since they could now convey the Blood of a sound and young Animal into a Man that was old or diseased, and by that Means procure the Longevity talked of by the Alchemists from their Elixir or Stone. But in a little Time all these Expectations disappear'd, and the Experiment was prohibited to be made on Men by the public Law. For a *Swedish* Nobleman being given over by his Physicians in an ardent Fever, one of them was willing to take the Advice of *Hippocrates*, to make Trial of an uncertain Remedy in a desperate Case. Accordingly an Exchange is made, by Transfusion, of a few Ounces of the Patient's Blood for a Quantity of that from a Animal; the Experiment succeeds, and the Patient is much better, inasmuch that Transfusion becomes esteem'd and admir'd by the whole Court of *France*; it must therefore be repeated, since the Patient's Blood does not yet move slow enough: But very unfortunately the noble Patient expires even in the Experiment, and becomes a Victim to the Curiosity of Physicians. Hereupon Transfusion comes into Disgrace, is prohibited by Parliament, and

meets with such universal Neglect, that at present we hear not the least Talk of it.

The Blood's Circulation was discovered to the Eye by the Microscope in 1661, by *Malpighi* and *Lewenboec*. The latter saw it pass out of the smallest Arteries into the continuous Veins. But the old Gentleman was so infatuated or misled by his Experiment, that, contrary to every Body's Opinion, he thought the Veins had a Pulsation, and that the Arteries had none. This Error seems to have arose from the retrograde Course of the Blood in many of the evanescent Arteries, as some of their Anastomoses contract and are obstructed in the dying Animal, so that the Blood moving the same Way both in Arteries and Veins, has made me sometimes look seven or eight Minutes without being able to distinguish one from the other."

WE would respectfully inform the *Clinic* that the article, "*De Moribus Germanorum*," copied from our April number, has been credited to the wrong source.

DR. FRANCIS CONDIE, a distinguished physician of Philadelphia, and a voluminous medical writer and editor, died March 31, aged 80 years.

DR. ALEXANDER GOSCHEN, founder and editor of the *Deutsche Klinik*, died recently in Berlin, aged sixty-one.

DR. D. W. CHEEVER has been elected Professor of Clinical Surgery at Harvard.

## Home News.

THE politico-medical slate has been rubbed out, and a new set of sanitarians are on the *qui vive*.

DR. A. P. LANKFORD, Professor of Surgery in the Missouri Medical College, sailed for Europe on the 28th of April, to be absent several months. Dr. Lankford will visit the various great medical centres in Great Britain and upon the continent, and has promised us a series of letters while abroad.

MORTALITY STATISTICS FOR 1874-75.—The total number of deaths for the past year, from all causes, aggregate 6,506. During the same period thirty-four individuals took their fate into their own hands, and made way with themselves in the following manner:

By shooting, 9; hanging, 8; drowning, 4; laudanum, 1; morphine, 5; arsenic, 1; Paris green, 1; other poisons, 4; fumes of charcoal, 1.

Three persons, all women, attained to the great ages, respectively, of 116 years, 108 years, 106 years 3 months and 8 days.



# St. Louis Clinical Record

VOL. II.

JUNE, 1875.

NO. 3.

## Original Communications.

### **MULTIPLE STRICTURE OF RECTUM; PELVIC ABSCESES; EXTENSIVE ULCERATION OF RECTAL MUCOUS MEMBRANE.**

*Treatment by Dilatation and Division of Sphincter—Recovery—Threatened Recurrence of Stricture.*

BY W. HUTSON FORD, M. D.

During the spring of 1873, G. W. G., a resident and native of Lake county, Mississippi, began to experience uneasy feelings in the lower bowel, among others, one of weight, amounting to pain, during horseback exercise, or when standing a long time. There was a good deal of pruritus in the neighborhood of the anus. The local physician attributed this sensation to ascarides, and dosed him for several months, by the mouth, with aloëtic pills. The patient, nevertheless, gradually got worse, and at last, some ten days after a severe blow in the lower part of the abdomen from a plow handle, took to his bed—about the month of August, 1873. His attendant, probably hopeless of rendering him any substantial relief, visited him thenceforth but rarely, and was not, consequently, able to give me any very circumstantial account of his condition during the following ten months which elapsed before I saw him. The patient, according to his own statement, seldom left his bed, and never sat up; once or twice a month only walking about his room a little, and then quickly returning to bed again.

When I first saw him, June 19, 1874, he was in bed, exceedingly emaciated, skin yellow and rough, but no yellowness of conjunctiva, face and brow covered with pustules of acne; tongue red and broad. The abdomen was so retracted that there seemed to be scarcely room enough for the accommodation of its proper contents. There was a painful induration extending from a point midway between the ensiform cartilage and the umbilicus, three

or four inches lower, over the summit of which the abdominal aorta could be felt and almost seen—in fact, rolled between the fingers. Its bifurcation could be made out quite easily, and the left common iliac could be followed without difficulty, by the touch, as far as Poupart's ligament, but the right vessel seemed to rise up over some underlying tumor, and was apparently just under the skin until it reached the neighborhood of the crural arch. Over this region, around the umbilicus and in the right iliac region, as well as in the supra-pubic, palpation gave but little pain, but the patient warned me to make my examination as short as possible, for fear of an invasion of pain and nervous distress afterward, which he assured me were certain to come on an hour or two after he was much handled in the parts described, and which would last twenty hours or more. His breath was exceedingly offensive and his skin disengaged a very disagreeable odor. His gums were swollen and decidedly scorbutic in appearance. The bowels were seldom moved, not more than once in three days. He had acquired the power of effectually resisting all inclination toward going to stool, being prompted by the pains felt after defecation to avoid the act as long as possible. On examining his *pôt de chambre*, I found it deeply stained with lithates. Being asked to void his urine, he said he could not do so, and on trial failed to pass any. He passed his water, in very small quantity, but twice, or even once a day, habitually. He said that he would soon pass some, however, for me, and taking a teaspoonfull of sp. æth. nitros. in about half an hour voided some four ounces of almost blood-red urine.

Introduction of a sound revealed the presence of several rough points within the bladder and in the prostatic urethra. There were also one or two points of very distinct incrustation in the penile urethra. The finger in the rectum gave great pain; the prostate was of usual size but exceedingly tender, and a crest-like excrescence of the mucous membrane could be felt just beyond the inner sphincter, anteriorly. Passed deeply, the finger could be moved around in the gut as in a hollow sac, and a narrow stricture could be felt about four and a half inches up. A bivalve anal speculum being introduced, the mucous membrane of the rectum was seen to

be gravely ulcerated. The ulcers were in the form of serpiginous erosions; two posteriorly, several anteriorly, and one or two laterally. They were about an eighth of an inch wide and from three quarters of an inch to an inch and a quarter long. Their edges were tumefied, but not, apparently, undermined. The stricture, after the removal of a large mass of gelatinous mucous which concealed it, was seen to consist of a band of tissue of a crescentic form, which narrowed the calibre of the gut so effectually that a number 8 gum-elastic bougie introduced into the stricture was with much difficulty passed further up. He was placed on large draughts of alkalized water, analogous to a combination of Friedrichsballe and Vichy. After being well purged out, the morning after the first examination the ulcers were boldly cauterized with a strong solution of nitrate of silver, introduced by a camel's hair pencil directly to the parts. He was ordered to leave the country and come to the town for further treatment. During the next few days he improved very much; defecation became less painful and the bowels were moved two or three times daily. The urine, also, improved in appearance and quantity. He got out of bed and sat up nearly every day, and ten days later came down to me. I must not omit to mention that the exceedingly distressing nervousness and excitability which had troubled him almost incessantly, were notably abated, even by the preliminary local medication described of the ulcerated surfaces. The case was satisfactorily enough made out as one of ulcerated rectum with stricture, and vesico-urethral incrustation consequent upon the abnormal concentration of the urine in a gouty, scorbutic diathesis. There was, however, I must remark, no history whatever of gout, phthisis, scrofula or cancer, in the family on either side, and but a vague one of rheumatism. I shall state my reasons for supposing the presence of both scorbutic and gouty symptoms in the case in some comments after as condensed a detail of it as possible.

On the 26th of June I saw him again. He had now come down for methodical treatment. After some decided amendment he had grown worse again, and at last admitted the necessity of regular dilatation of the stricture and steady medication. During the week past, previous to his leaving the country, he had experienced

an attack of acute orchitis; this had almost wholly declined, however, but broke out afresh in both testicles soon after his arrival, apparently in consequence of a rectal examination by the bivalve speculum. Indeed, while examining the mucous surfaces, I observed that the penis was alternately contracted and relaxed, and the testicles constantly drawn up and twisted about by muscular action. This I attributed to irritation caused by the instrument, and the contact of air and of remedial agents with the anterior wall of the rectum; more particularly with a part of it underlying the prostate, which was the seat of a large ulcer extending upward from a crest-like excrescence of the mucous membrane seated just on the inner verge of the internal sphincter, anteriorly. Whenever this ulcer or the parts around were touched or irritated, the vermilionous of testicles and penis detailed were observed within a few seconds. I am quite sure, therefore, that the double orchitis from which our patient now suffered was sympathetic with recto-prostatic irritation. Under the influence of rest, diet, mercurial friction, laxatives, etc., and especially doses of veratrum adequate to control the pulse, this painful complication yielded in a week or ten days. As soon as practicable, about this time, I made an examination of the state of the rectum and bladder.

July 10.—The ulcers were found to have reverted to their original condition almost wholly, although on the 26th of June they were notably smaller than when first seen in the country. No medication, however, was addressed to the rectum, except occasional enemata of morphia, and suppositories of cocoa butter containing morphine and belladonna, during the orchitis. The state of the parts was, therefore, very much as first described. There were two serpiginous ulcers anteriorly; one just above the inner sphincter, indeed involving the mucous membrane overlying this muscle for about half an inch, the other higher up and separated from the first by an inch or so of congested, purplish and thickened mucous membrane. Both of these ulcers were deeply incised with the bistoury. Posteriorly, there was a large ulcerated surface above the sphincter, which was also incised. Laterally, on the left, there were a couple of smaller ulcers, and one also on the right side.

To these, as well as to a crescentic ulcer seen to lie around the constricting band already spoken of, a solution of nitrate of silver of forty grains to the ounce was applied by means of a camel's hair pencil. Besides this, both sphincters were divided thoroughly with a sharp curved bistoury, on the left side. The bivalve was shifted so as to place its opening in the direction stated; the point of the knife being then introduced externally about half an inch outside of the anal orifice, thus surely including all the fibres of the external sphincter, and was then thrust inward deeply enough, by the eye, (for with the aid of the speculum the section is accomplished in a good light), to insure division of the entire bundle of the inner sphincter. A single cut inward sufficed for thorough section, this also being verified by the finger itself, introduced through the speculum. A suppository of morphia was introduced into the bowel, a mesh of lint placed in the wound, and the patient made comfortable again. His regular treatment was now begun. This comprised the daily use of as much Bethesda water as he could drink, daily injections of chlorinated water, and the use of a mixture containing bromide of potassium, magnesia and copaiba.

During the operation of division of the sphincter described above, I introduced a number 9 bougie into the stricture; it penetrated an inch and a half, and after being forcibly bent downward, or to the left, evidently passed through a second stricture. Subsequent experience proved that there were no less than three strictures: the first visible through the speculum, the second and third an inch or two higher up, about six and a half or seven inches from the anus. Although Brodie, Gross, and other authorities state that strictures higher up in the rectum than three or four inches are exceedingly rare, I can only plead my own observation in this case to the contrary, as an exception to a general rule. It is impossible to introduce a bougie during some six or seven weeks, every other day, every few days, and sometimes every day, and to be mistaken on such a capital point, unless one is a mere bungler. It was necessary to pass the instrument in a certain well known direction to gain an entrance, and the sense of yielding when the bougie entered the upper stricture, as well as the sudden slipping of the strictured part

over the rounded ends of the bougie, became more distinct as larger sizes were successively used. I found out, that when seven and a half or eight inches of bougie were within the rectum, that the rest of the instrument could be introduced, without any difficulty beyond that always caused by the grasp of a stricture upon even a greased bougie, for its entire length, so that its point could be felt, when large sizes were used, high up beyond the umbilicus, nearly as far as the lower ribs, and this without pain. The mucous membrane beyond the strictures was thus proven to be healthy. The bougie, when withdrawn, however, after being thus passed up beyond the strictured region, was found covered with very adhesive fecal matter. As usually happens in such cases, there was a large collection, almost an impaction of hardened feces, probably in a sacculated expansion of the intestines, above the strictures. To deal with this state of things, the following routine was carried out for several weeks: The bougie was first passed and allowed to remain for about five minutes; ten minutes or so later a gum catheter of similar size was introduced, and through it, by a ball syringe, an injection of a pint or so of a mixture of Labarraque's solution with water (cold) at the rate of a teaspoonful to a basinful or quart, was gently thrown up. Almost immediately the patient would rise to the chamber and pass the injection and more or less fecal matter. This appeared in small nodular masses of the size of peas at first, and sometimes in rolled, stringy, or tape-like forms. After the action, he received a small enema of morphia. This was done every morning, or less frequently, according to circumstances, larger sizes of bougies being very gradually used. The dilatation was begun with a number 9 urethral, and in the space of six or seven weeks, carried up to number 12 rectal, which is an inch and three-eighths in diameter. A single number was used several days at a time, at first—later, the larger numbers were introduced more and more easily and rapidly.

As already stated, the patient drank largely of Bethesda water during the day. He also used the alkaline mixture containing copaiba, recommended by Sir Benjamin Brodie, and to quiet his nervous symptoms, he took, frequently, a mixture containing bromide of potassium, aconite, camphor and assafoetida.

His diet was restricted to matter devoid of pulpy or pithy material; eggs, milk, broth free from vegetables, cranberries and stewed tomatoes carefully strained, were particularly advised and freely used. After dark he received a large enema of cold water, and a suppository at bed-time containing morphine, belladonna, and camphor.

Under this treatment he steadily improved up to a certain point. The ulcers of the rectum were seen to have *completely healed*, but he did not gain strength, occasional fevers coming on in the afternoon intimated that all was not yet right. One evening, about 11 p. m., (September 8th) I was suddenly called to him. I found him very much distressed. He said that some twenty minutes before something had suddenly given way inside of him, whereupon he immediately rose and passed a pint or more of very fetid pus, which was, however, unfortunately emptied out before I arrived. The action of the bowels was accompanied by a total disappearance of the swelling in the right iliac and supra-pubic region, to the right of the bladder, over which, as I have said, the right branch of the aorta could be so clearly traced until it dipped beneath Poupart's ligament. The abscess had been evidently developed behind the rectum, to its right side, and under the pelvic fascia. After a few day's rest I passed a number 8 rectal bougie into a cavity quite out of the line along which I had previously introduced it; the bougie seemed to pass loosely into a large excavation when directed straight upward, but when deflected strongly toward the left, passed without difficulty into the intestine. After this the systematic treatment was resumed, with some modification, however—the copaiba and magnesia mixture was dispensed with—he took steadily, powders containing subnitrate of bismuth, and ate freely of Ward's paste. His diet, as before, was nourishing, condensed and anti-scorbutic. Another period of improvement now elapsed, but after three weeks more he ceased to improve; the ulcers reappeared in the rectum, especially the anterior one described as invading the sphincter; he began to feel pains in the pelvis and had occasional fevers in the afternoon; kept his bed all day, while he had been up, previously, a considerable part of his time, and had even walked out, short distances, several times. Finally, about

the 25th of October, a second abscess burst and relieved him. He continued the use of the bromide mixture and his bismuth powders and began forthwith to improve. Two weeks afterward he was well enough to return home, a distance of thirty miles, in a wagon, having become able once more to leave his bed for the greater part of the day and to walk out. He gradually discontinued the introduction of the bougies.

Since then six months have elapsed, and there is no recurrence of the strictures, nor any formation of new abscesses. He has improved so much as to be able to be up all day and to attend to his affairs, though his strength is not restored wholly. He complains lately of nervousness, and I sent word to him to resume the use of his Bethesda water and bromide mixture. I fear a recurrence of the ulcerations and stricture, due to neglect in passing the bougie occasionally, and have advised injections of matico, and nightly use of suppositories containing iodoform, belladonna and morphine. Altogether, however, his condition is a very satisfactory one, and, in fact, a far better one than could reasonably have been expected. I must say, that after the use of the Bethesda water for a month or six weeks, the sound failed wholly to detect any vesical, prostatic or urethral incrustation: the urine becoming abundant, of normal color and reaction, and throwing down no urates.

It will be observed that the ulcers were incised at the same time that the sphincter was divided. I did not think it advisable to trust to incision of the mucous membrane alone, in the presence of so many ulcers. By the division of the sphincters, the bowel was temporarily paralyzed and rendered incapable of retaining fluid or gaseous matter. It must be observed that the sphincter was in a state of præternatural chronic excitement; distinctly hypertrophied. This state was primarily due, according to received pathology, to the influence of the neighboring ulcers, and more particularly to the ulcer described as situated anteriorly and partly invading the mucous membrane overlying the inner fasciculus of the muscle. The effect of the continual nervous and vascular excitement of the parts immediately adjoining an ulcer, must be to cause hypertrophy of all such tissues, and especially of the muscular tissue. In the case of the sphinc-

ter, such an increase of tone (very sensible to the finger, which, in this case, was grasped with great power) produces retention of gaseous and fluid matter in abnormal abundance, whereby the mucous membrane is unnaturally stretched and its circulation impaired. So strongly does the sphincter contract, that the usual efforts of defecation are quite unable to overcome its resistance, and such efforts conduce notably to increase the tension of the already congested and ulcerated mucous membrane, and so to prevent the healing of the ulcers, and to cause their reappearance after temporary cicatrization. However effective, therefore, the plan advised by Brodie, and sustained by Allingham, Erichsen and other writers, of merely incising the mucous membrane, may be in the case of a single anterior ulcer or fissure, both experience and thought compelled me to doubt its efficacy where the ulceration was extensive, or distant from the sphincter. I, consequently, felt obliged to divide this muscle thoroughly, while, at the same time liberating the mucous membrane, as originally advised by Boyer.

In this connection I will beg leave to remark, that I am quite sure that stricture of the intestines, in such a case as the one described, is not by any means wholly brought about by the contraction of cicatricial tissue consequent upon previous ulceration, but by a mechanism exactly similar to that which explains, as I have shown, the formation of spasmodic or hypertensive sphincter, for the ulceration is contemporaneous with the formation of the stricturing band. This, I cannot refrain from believing, is mainly composed of hypertrophied muscular fibre contained within a thickened fold of mucous membrane. In the present case, the stricture, as seen and felt during a prolonged period, was plainly sharp, of no fixed width, though strong and quite elastic. On its border the mucous membrane was broadly ulcerated, the ulcerated surface being convex toward the wall of the intestine, and concave toward the falci-form edge of the stricture itself. It was this ulcer, I think, which caused the formation of the stricture on which it was seated; the subjacent muscular fibre, over excited, abnormally nourished by the unusual blood supply, became, by degrees, hypertrophied, as well as the mucous membrane covering them. By de-

grees, in consequence of this increase of their natural tone, they became marked on the inner wall of the intestine as a prominent band, which, by constant action of the original cause, viz: the chronic ulcer, became by degrees more and more prominent, the lumen of the intestine being thus gradually encroached upon. Finally, the stricture was fully formed, and the ulcer forming it was found seated upon it or very near its base. And such, I am sure, was the cause of the strictures which, I have said, were present above the one to be seen through the anal orifice. According to such views, the strictures are not the cause of the ulcers, but quite reversely—nor is stricture, of the simple form, a sequel of ulceration, but essentially an *accompaniment* of chronic ulceration. The pathology of stricture of this kind is, consequently, more analogous to that of bent knee, torticollis, or of some forms of muscular and tendinous prominence in the extremities, than to that of cicatricial contraction, which, indeed, begins to be effective only after the stricture is formed.

I must regard our patient's constitution as scorbutic to some extent. This was shown by the state of the mouth and gums. The teeth were long, loose, and imbedded in spongy gums. The breath was very offensive. Never fond of vegetables, he admitted that he had lived almost wholly, for the past eight or ten months, on salt and dry food. In the country, where it is not uncommon to find families living for many months on farinaceous food, salt meat and coffee, often without milk, I have repeatedly seen distinct traces of scurvy. So, also, among soldiers, during the war, kept on such a diet, in barracks and fortifications. The gouty diathesis was also present—probably, originally. His sallow complexion, meagre frame and great nervousness pointed to this. So also did the scantiness and high coloration of the urine, and the acclimatization to intermittent fever. Such individuals as I have seen in this section of country affected distinctly by gout, or so-called "rheumatic gout," have not had "chills and fever" for many years, having, apparently, never been very liable to them, being constitutionally, perhaps, insusceptible of them.

CANTON, Miss., May 6, 1875.

SUBSCRIBE for the CLINICAL RECORD.

**"CHEYNE-STOKES'S RESPIRATION"  
—AN ILLUSTRATIVE CASE.**

BY WM. B. HAZARD, M. D. (*Bellevue.*)

The peculiar modification of the respiratory act, first noticed by Cheyne, of Dublin, in 1816, afterward more fully described by Stokes, has, of late, attracted considerable attention in England.

Stokes thought that it occurred only as accompanying fatty degeneration of the heart, of which it might be considered, in a measure, a pathognomonic symptom. Some other authors have observed similar, if not identical, phenomena in connection with several forms of intra-cranial disease, occurring in subjects free from cardiac complications. According to Schiff and Traube, whether the affection be cardiac or cerebral, similar conditions of defective arterial blood supply to the respiratory centers, located in the *medulla oblongata*, are present in these differing pathological alterations. In fatty heart the feeble impulse given to the blood fails to send a sufficient supply of the vital fluid to generate the requisite amount of nervous force to carry on the respiratory movements with their normal regularity and power; in intra-cranial disease, pressure upon the nutrient blood vessels of these same centers produces the same effect, that of cutting off the supply of pabulum, operating at the other end of the line. The pressure may be directly applied by an inflammatory exudation, as in basilar meningitis, or transmitted from a distance, as in tumors, etc.

In the case which is recorded below, the affection was considered to be fatty degeneration of the heart, the few symptoms of a mental character evidently depending upon general cerebral anæmia. The case is as follows:

S. B., age fifty-four, lawyer, married, no children, first consulted the writer for the affection, which ultimately proved fatal, in August, 1873. His history may be thus epitomized: He was always healthy until the age of twenty-two, when he suffered from an attack of gout; these attacks recurred about once in two years until about the age of forty, when they permanently ceased with a change of residence to a warmer climate. That the disease was gout could not be doubted, for he showed unmistakable evidences of the correctness of the diag-

nosis in the form of numerous "chalky" deposits about the ear, and elbow and toe joints. At the age of thirty-two he received severe spinal injuries in a railway collision, which produced complete paraplegia; the paralysis gradually disappeared, so that in five or six years he was able to walk without the assistance of crutch or cane, some difficulty in locomotion, however, remained. At the age of forty-eight he received a blow from a slung-shot upon the head, from the hand of some would-be murderer, who remains unknown, from the effects of which he was ill for several months, and never afterward regained his power of endurance of fatigue, which had been remarkably great. From this time onward he suffered from a defect in the power of the heart. This was shown by coldness of the extremities, blueness of the surface on slight exposure to cold, want of breath on muscular exertion, feeling of extreme lassitude, sometimes great irritability of temper, sometimes considerable depression of spirits—he had always been noted for the opposite condition of the feelings—and a permanent increase in the rapidity of the pulse with a corresponding feebleness. When examined in August, 1873, there was noted a marked irregularity of pulse, an average of 120 per minute, but varying in this way: first quarter minute, 30; second quarter, 25; third quarter, 35; fourth quarter 30 pulsations; and occasionally there would be an intermission of one beat. He complained of sleepiness during the day and great restlessness at night; loss of appetite and constipation. These symptoms were much ameliorated by the use of pills of quinia, iron and strychnia, with a glass of ale with the meals. He was advised to stop active work (he was adjuster of losses in fire insurance, which necessitated almost constant travel), and a regulated diet. He improved much in general health, and commenced traveling again in a few weeks, contrary to advice, for the pulse continued abnormally increased in frequency. The heart had been carefully examined and no valvular lesion could be detected, only a remarkable weakening of both sounds and diminished impulse.

He resided at a distance so that he did not come under observation until the following April, when a report was received that he had been at home for several weeks "suffering from

*erysipelas* in the foot," which was said to be improving under chloride of iron and a good diet. Early in May a summons to proceed at once to see him in consultation with his attending physician was received. "The *erysipelas* in the feet" was reported worse. On entering the room the characteristic odor of gangrene confirmed the diagnosis which had been made *en route* from a consideration of the history of the case. On examination, the little toe of each foot, the second toe of the right foot, and symmetrical patches, oval in shape, three inches by one and one-half inches in diameter upon the dorsum of each foot were found in a sloughing condition. No pulsation could be detected in the arteries of either of the lower extremities below Scarpa's triangle. There could be no doubt that the arteries were occluded by thrombi—probably about the popliteal region. The heart's action was very deficient in force, and the sounds were indistinguishable one from the other. No valvular lesion could be detected. The patient was much disposed to sleep, and when dozing, or during profound sleep, the respiratory act presented precisely the characteristics described by Stokes. As it would be impossible to improve upon the description of that author, we here transcribe it entire from his classical work :

"It consists in the occurrence of a series of inspirations, increasing to a maximum, and then declining in force and length, until a state of apparent apnoea is established. In this condition the patient may remain for such a length of time as to make his attendants believe that he is dead, when a low inspiration, followed by one more decided, marks the commencement of a new ascending and then descending series of inspirations. This symptom, as occurring in its highest degree, I have only seen during a few weeks previous to the death of the patient."\*

The prognosis implied, in the concluding sentence cited, was unhappily verified in the case now under consideration. At times a line of demarkation would seem about to be established, then a new portion of tissue would become involved, thus the gangrene at no time showed sufficient limitation to justify surgical interference—amputation. His strength continued to fail until death closed the scene early in June, 1874. No post mortem examination

was made, but from the history and symptoms there can be no doubt that the pathological conditions were fatty degeneration of the heart and thrombosis of the arteries of the lower extremities. The thrombosis occurred by reason of repeated attacks of gout in the regions specified, a roughening of the inner coats of these vessels, defective enervation of the extremities consequent upon the old spinal lesion, and, finally, the tendency to the formation of thrombi was increased by the slowness and weakness of the blood current.

3117 Clark avenue, St. Louis.

## Clinical Reports.

### SUCCESSFUL OPERATION FOR TRICHIASIS AND ENTROPION.

REPORTED BY CLAYTON KEITH, M. D.

*The previous history* of the case is as follows : Mrs. S. M., aged thirty-one, suffered from an acute conjunctivitis, when eleven years old. A few months later granular ophthalmia supervened, for the relief of which, caustics were repeatedly applied, for several months, until the eyelashes began to turn in upon the globe (trichiasis). In order to relieve the trichiasis, her physician practised evulsion of the lashes. This method of relief proved inefficient on account of the rapid growth of the cilia. In a few weeks after evulsion, they were as long and more numerous than before ; and the breaking off of long lashes left short stumps which caused more irritation than the lashes. Evulsion had been repeated several times and had resulted in increasing the number of cilia and the corneal irritation. The eyelids then began to roll in upon the globe (entropion). To relieve the entropion, collodion was repeatedly applied, but without effect. Simple medication had been often tried for the relief of the corneitis, and as often found wholly useless.

*Present Condition.*—The edges of both lids of both eyes are inverted so that the lashes sweep the cornea and ocular conjunctiva. All the symptoms of entropion, *e. g.* Continued photophobia, lachrymation, blepharospasm, etc., are present. Blepharophimosis, or shortening of the optic commissure is present, causing the lids to press upon the globe and produce

\* On the Diseases of the Heart and Aorta, Am. ed., p. 340.

great irritation and discomfort. On everting the margin of the lid (which was done with some difficulty) I found it inflamed, excoriated, contracted and notched, the eyelashes superabundant and very irregular in their growth, the lids shortened and the tarsal cartilage contracted and incurved. On eversion of the lids the palpebral conjunctivæ presented the remains of inflammatory and deeply marked cicatricial changes. The length of the palpebral opening was considerably diminished. The inversion of the lashes had caused almost complete opacity of the cornea, so that patient had to be led about. Patient has been in this condition fifteen years.

*Treatment.*—The main object, of course, was the eversion of the lids—the removal of the cause of the corneitis. The pressure of the upper lid upon the globe, however, must first be relieved. Prior to performing the operation for entropion I divided the external canthus, (canthoplasty), viz: I made a horizontal incision with a pair of scissors through the entire thickness of the external canthus to the extent of from three to four lines. The mucous membrane conjunctiva was then interposed and attached by sutures to the integument in order to prevent reunion and cicatrization of the wound. The commissure remained permanently enlarged. A portion of the fibres of the orbicularis muscle having been divided its contractions were not as intense, and hence the pressure upon the globe was relieved. I then, by means of Snellen's modification of Desmarre's forceps, secured each upper lid, and having carefully adjusted the ciliary margin in the fenestrum of the clamp, tightened the screw to prevent hemorrhage, which, unless prevented, would complicate the operation. I then made an incision with a narrow-bladed bistoury along the entire length of the ciliary border, beginning at the *punctum lachrymalis* and terminating as near the external canthus as possible. At the ends of this horizontal incision I made two vertical incisions of one and one-half lines in length, then gradually deepened the flaps to from one and one-half to two lines, thus splitting the lid, separating the tarsal cartilage from the integument and dividing some of the fibres of the orbicularis; taking care to leave all the cilia in the outer flap and to preserve the lachrymal puncta intact. The gaping of the wound was then increased

by the excision of a large elliptical portion of the redundant integument of the lid, the edges of which were brought together by three or four sutures. The lower lids were treated similarly. This caused at once the eversion of the lashes. The wounds in the integument healed by first intention. The gaping marginal wound filled by granulation. The subsequent cicatrization has not caused any inconvenience whatever, on the contrary, it has caused great comfort by throwing the lashes out permanently from contact with the cornea. The only after treatment required was careful attention to prevent the wound in the outer canthus from uniting. The result of the operation has been entirely successful. The contact of the cilia with the cornea having been permanently removed the corneitis has disappeared and the patient now attends to her household duties, sews, knits, etc.

The ciliæ have assumed a healthy growth, and although more numerous than common, have assumed a natural outward curve.

## Reports of Societies.

### AMERICAN MEDICAL ASSOCIATION.

The twenty-sixth annual session of the American Medical Association convened at Library Hall, Louisville, Ky., May 4, 1875.

At eleven a. m. the Association was called to order by the President, Dr. Wm. R. Bowling, of Tennessee. After a prefatory prayer by Elder Lamar, of the Walnut Street church, Dr. Edward Richardson, chairman of the committee on arrangements, extended a hearty welcome to the delegates, nearly three hundred of whom were found to be present.

After the transaction of business, such as referring the claims of delegates from the several State and county societies and medical colleges to the judicial council, etc., of a routine character, the President delivered his address, from which we make the following extracts:

"In the arbitrary numbering of the objects for the promotion of which this body was created, that of number eight is declared to be. 'To take cognizance of the common interest of the medical profession in every part of the United States. A very comprehensive power, assumed in the beginning, and never denied in



all these years, will not be questioned now, when the moral frown of the Association would be fatal to whoever, or whatever, connected with medicine, should oppose the grand and benevolent objects that lie at its foundation. In taking cognizance of the common interest of the medical profession in every part of the United States, it must go back upon itself, and acknowledge its recreancy to the high objects of the fathers, who wore away their lives in an unswerving devotion to it, not to exercise the sum total of its legal and moral force in securing a higher standard of medical education in this country than existed at the time of its inauguration.

“Therefore, let it be solemnly resolved by this meeting, that it shall be regarded as derogatory to the character of any physician, in any part of the United States, to take under his care, as a student of medicine, any one who cannot exhibit evidence of having taken a degree in a regularly chartered college, or a certificate of qualifications necessary to become a student of medicine, from a board of examiners appointed for that purpose by the American Medical Association. This will do the work.

“There is nothing really binding in the rule suggested. The only power in the matter is the great moral weight of the Association. It enacts nothing, but simply asserts what every member of it knows to be right. After a few years, such a certificate of the Examining Board, or evidence of a college degree, might be declared necessary in order to enable an applicant for membership in this body to secure admission; for surely it is the common privilege of all organizations to judge of the qualifications of their own members. Then will the certificate of membership here pass the holder anywhere as a gentleman and scholar.

“It is precisely in this way that the medical department of the army and navy are purified. The adoption of this addition to the Code of Ethics would furnish medical gentlemen an excuse for getting rid of applicants for office study whose preliminary education they know to be defective, and whose relations they would dislike to offend by saying so.

“Neither would this rule exclude any one from being a doctor. In a vigorous republic there will always spring up men who, by genius and long self-training, literally hew their way to greatness, in all of the professions, while many more will pass through colleges, winning all their honors, to shrink into insignificance, and pass through the world unknowing and unknown. For the former, heaven has made ample provisions, and stamped them as the nobility of nature, whom this body can neither depress nor elevate—nay, nor could an association of angels.

“Gentlemen, Western medicine, a long time, established its Mecca at the falls of the

Ohio. Whatever the fashioners of taste may determine, the medical heart cannot go far astray in recalling the Titans that officiated at its altars. Many of them ‘sleep well after life’s fitful fever,’ but the rock-girt and rock-floored river in the neighborhood of their ashes, as it throws its disturbed waters over the cascade, will chant their requiem while grass grows or water runs. One,\* in a green old age, whose fame has filled the world, stands, like the statue of a demigod, poised on the apex of his monumental shaft, far above all surrounding things, pointing to an earlier day-star than greets the vision of ordinary mortality. Another,† happy in the memories of a well-spent life, the charming grace of whose cultured pen has left an imperishable record, lingers in the peaceful enjoyment of that subdued and enchanting twilight of life between sundown and the ‘deeper gloaming’ so in harmony with the spirit of the good, having thrown his mantle on other shoulders, patiently awaits the ‘translation.’ One,‡ the Galen now of the great city of the Republic, garners the golden sheaves of a crop sown long ago, and thoroughly cultivated. Another,|| the American Dupuytren, on the fringe of the sunny land of the orange and the magnolia, with the premonitions of a glorious sunset gathering about him, in faith and hope is also ready. We know that their example is not lost on those who have taken their places in the flourishing medical institutions of this noble city, a city whose munificence to medicine has entitled it forever to the kindest memories of the profession.”

Dr. S. D. Gross, of Philadelphia, requested that he be allowed to deliver an address upon “One of the Lost Arts.” A motion was made to this effect and unanimously carried.

In the forenoon of the second day, Dr. Gross, after being called upon to deliver his address, above mentioned, appeared amidst a perfect uproar of applause. The subject of his essay was blood-letting as a therapeutic agent. The Doctor plead strongly for its reestablishment, and the paper, coming as it does from high authority, will doubtless make a decided impression on the therapeutics of the future. We regret that space will not allow of its extended notice here. At some future time we will present it to our readers.

The Association, at its meeting last year, appointed a committee to select a medal to be presented to each member. This committee reported that it had selected a die with the name and date of the society on one side, and a vignette of Dr. N. S. Davis, the father of the

\* S. D. Gross. † L. P. Yande ‡ Austin Flint. || P. F. Eve.

Association, on the other. The medal is to be manufactured at the mint in Philadelphia, in bronze, at a cost of \$1 13 each. Two hundred were ordered.

On Thursday, the following gentlemen were given credentials as delegates to the International Conference to meet at Brussels in September next: Drs. J. A. Adrian, J. C. Hutchinson, J. C. Huff, E. C. Harwood, H. D. Hutton, H. R. Warner.

Dr. Seelye, of Alabama, sent in a communication offering a prize of \$100 for the best essay on Bright's Disease of the Kidneys, the production to be passed upon by a committee chosen from the Association.

Dr. D. S. Reynolds asked, and received permission to read a paper before the Association, at its next annual meeting, relating to his observations on the mechanism of the eye.

The Association having received the following resolution from the Canada Medical Association:

*Resolved*, That in consideration of the best interests of medical science, it is desirable that a medical conference should take place between the American Medical Association and the Canada Medical Association, at some central point.

On motion of Dr. E. H. Wood, the suggestion implied in the above was approved, by the following action:

WHEREAS, The Canada Medical Association has adopted and forwarded to this Association the above resolution, be it

*Resolved*, That a committee of thirteen be appointed by this Association, whose duty it shall be to confer with a like committee of the Canada Medical Association, at such time and place as may be agreed upon by the joint committee of the Associations.

The following gentlemen were appointed the committee: Drs. S. D. Gross, Pennsylvania; John T. Hodgen, Missouri; Austin Flint, New York; Willoughby Walling, Kentucky; T. C. Lane, California; Wirt Johnson, Mississippi; Wm. Brodie, Michigan; J. M. Toner, Washington; T. D. Cunningham, Virginia; E. Andrews, Illinois; Wm. B. Atkinson, Pennsylvania; H. I. Bowdich, Massachusetts; Robert Bartholow, Ohio.

The object of this conference is the consultation upon medical subjects, and mutual exchange of views in regard to scientific topics, and the establishment of closer relation between the two national associations.

Dr. J. Marion Sims, of New York, obtained the floor, the announcement of his name evoking loud applause. He arose to submit a report from the special committee appointed to devise plans for the establishment of the McDowell memorial fund. He spoke earnestly in behalf of the report, urging the Association to be mindful of the obligations that the medical profession and humanity in general were under to the great "Father of Ovariectomy." The following is the report:

WHEREAS, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariectomy; and,

WHEREAS, We believe that proper measures should be instituted to commemorate this great achievement and do appropriate honor to its author; therefore,

*Resolved*, That this Association recommend to each of its members and to the profession generally, to contribute annually such sums as they may think proper, until the amount of ten thousand dollars shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries.

*Resolved*, That this fund shall be invested by trustees, to be appointed by the Association, and subject to such regulations as it may desire.

*Resolved*, That the Association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

*Resolved*, That this Association will leave to the State of Kentucky the grateful privilege of providing a local memorial to the memory of Dr. McDowell.

Respectfully submitted.

J. MARION SIMS, N. Y.;

WASHINGTON L. ATLEE, Penn.;

W. T. BYFORD, Ill.;

J. M. KELLER, Ky.

Upon the adoption of the report, Dr. Gross addressed a few remarks to the Association pertinent to the matter. He said that in 1852, in conjunction with a number of physicians of Kentucky, he had investigated the claims of Dr. McDowell to the origination of the operation that has been of such incalculable good to mankind, and it was then established beyond all question that to him belonged all the honor of having first introduced the operation. He concluded his remarks by subscribing one hundred dollars to the fund.

Dr. Gross, as chairman of the Centennial Medical Commission of Philadelphia, announced that it was designed to hold an international medical conference in Philadelphia during the Centennial celebration. He then read from a circular the purport and plan of the movement. The Philadelphia County Medical Society, embracing nearly two hundred members, many of them of high professional distinction, animated by a just spirit of patriotism and an earnest desire to unite with its fellow-citizens in celebrating the centennial birthday of American Independence, have projected an international medical conference. Arrangements have been perfected to hold the session during September, 1876. Addresses will be then read, illustrating the advance in the profession during the past one hundred years. Invitations have been sent all over the world. The hospitalities of Philadelphia are proffered. Delegates will be expected from the Association and from State societies.

The hour having arrived for the reading of a paper upon the Transfusion of Blood, by Dr. H. M. Moore, of Rochester, N. Y., the Doctor appeared and read a very interesting essay on this subject.

To give some idea of the manner of using the instrument preferred by the speaker, two boys were seated on the stage, close together, one representing the donor, from whom the blood was to be taken, and the other, the recipient of the life-giving fluid. The latter, however, as the speaker observed, must always occupy the recumbent position, and the former that of sitting. The arms of both were extended and made to approximate to each other, the operator standing behind them in order to demonstrate, which position, he remarked, was the position the surgeon should assume in this operation. First, the skin over the cephalic vein of the recipient must be clipped, to lay bare that vessel, which was to be further isolated from adhering tissues, in order to be gotten at successfully. That of the donor was to be held in ready juxtaposition for the operation. The instrument consisted of a small silver tube, four or five inches long, with a small gutta percha bag adjusted to an attachment at its center. When one end of this instrument was introduced into the vein of the donor, the speedy filling of which was to be insured by a ligature above the bend of the arm, the bag would soon be filled with blood. The connection of this with the vein was then to be severed, and the contents of the bag in-

troduced gently through the other end of the instrument, which, in the meantime, was to be inserted into the bared vein of the recipient.

On Friday the following gentlemen were appointed delegates to the Canada Medical Association, which will meet at Halifax, Aug. 5, 1875: Drs. S. D. Gross, Turner Anderson, Willoughby Walling, Wm. B. Atkinson, Wm. Brodie, E. T. Easly.

The committee on nominations reported as follows: President, Dr. J. Marion Sims, of New York; Vice Presidents, First, Dr. John D. Jackson, of Kentucky; Second, Dr. Sam'l Lilley, of New Jersey; Third, Dr. N. Pinkney, United States Army; Fourth, Dr. S. D. Seely, of Alabama; Treasurer, Dr. Casper Wister, of Pennsylvania; Librarian, Dr. Wm. Lee, District of Columbia; Committee on Library, Dr. Johnson Elliot, of the District of Columbia; Assistant Secretary, Dr. Richard J. Dunglison, of Pennsylvania. The gentlemen were unanimously elected as nominated.

A paper on hygiene was read by Dr. Bowditch, of Boston. He advocated the organization of a department of hygiene by the Government, to be represented in the President's Cabinet, and suggested the establishment of a medical board of health in each State.

A resolution requesting Congress to increase the salaries of army surgeons was unanimously adopted.

The Association adjourned to meet in Philadelphia on the first Tuesday in June, 1876.

## Extracts and Abstracts.

**THE MANAGEMENT OF HEAD-LAST LABORS.**—We abstract the following from a paper read before the Philadelphia County Medical Society by Prof. William Goodell, M. D., and published in the *Philadelphia Medical Times*, of March 20, 1875:

The objects of this paper are to search out the best means for shortening the duration of labors in which the head is born last, for preventing the death of the child, and, as a conjoint consequence, for giving the physician a greater confidence at the bedside of his patient.

For shortening the first stage of head-last labors the author recommends the hydrate of chloral. Given every half hour in doses of from ten to fifteen grains, it promptly relaxes the most rigid cervix. Artificial rupture of the membranes must not be resorted to until the os is fully and wholly dilated. If, after the completion of the first stage of labor, there is delay in the engagement of the breech, one foot should be brought down, and preferably the one nearer to the pubic arch. This lessens the size of the breech, and puts the further progress of the labor under the control of the

physician. No further traction on the leg should be made unless loudly called for, and then only during a pain, lest the arms should become extended. The pain that delivers the breech should be supplemented by traction, or by propulsion on the cranial vault, through the supra-pubic abdominal wall, so that the arms and the shoulders may also be expelled at the same time.

After the birth of the breech there must be no delay on the part of the physician in completing the delivery. Delay here means death. One of five minutes is usually fatal. The woman should be exhorted to bear down; but if her efforts prove unavailing the physician must at once proceed to deliver her. If the arms be extended, he must immediately bring them down, even at the risk of a fracture. The bone which usually snaps is the clavicle of the pubic shoulder; but it readily heals without deformity, and this accident should weigh as a trifle when life is at stake.

When the trunk and arms are delivered, and the head, gripped by the brim, alone remains for extraction, the forceps must not be resorted to. For, under these circumstances, its application is attended with the loss of too much precious time. The problem being to get the child's head out as quickly as possible, the only time-saving factors for its solution are limited to supra-pubic propulsion by the hands of an assistant and to traction by the physician. Very fortunately the tensile strength of the child's neck is far greater than is supposed. To prove this the author cites cases in which a tractive force of 125, 145, and 148 pounds was employed without any injury to the spinal column. He also describes, as an eye-witness, a case in which a well-known physician braced his feet against the woman's person, and exerted his utmost strength on the neck of a child, without any lesion whatever. The author asserts that he has himself delivered living children after throwing on their necks a traction power of probably not less than 180 pounds.

His mode of making traction is as follows: The woman's hips are brought slightly over the edge of the bedstead, and each knee is supported by an assistant. Their free hands make strong propulsive pressure on the vault of the head. Meantime the physician, having grasped the nape of the child's neck with one hand and the ankles with the other, makes his first movement of traction in the axis of the outlet. This cants the head anteriorly, and proportionally brings down its sacral side, and causes the promontory to nip it as high up and as near to the vault as possible. If now, *without for a moment relaxing but rather increasing the traction force*, its direction be reversed, and the body of the child be swept strongly backward and the neck be forced very firmly on the coccyx, the sacral side of the head becomes

bent in, and the pubic side is made to revolve around the promontory as the center of motion, and descend over the smooth under surface of the pubic symphysis. In other words, the head is warped around the promontory.

If this mode of traction fails to release the head from the grip of the brim, as it may in a narrow pelvis, then a pump-handle movement of traction should be resorted to. The range of oscillation should extend from the axis of the outlet anteriorly to very firm pressure on the coccyx posteriorly, made with a steady and an *unremitting* traction, and aided by supra-pubic propulsion, it causes each side of the wedge-shaped head to descend alternately.

As soon as the head has passed the brim, which it does usually with a distinct jerk, flexion and rotation spontaneously take place, and the line of traction must then be changed to that of the outlet. When finally the head is about to clear the bony canal, the child's body should be raised up in front of the pubes, and traction made directly upward in a line perpendicular to the mother's body. This final mode of traction augments the flexion of the head, and obviates the necessity for putting two fingers into the child's mouth. Whenever the perineum is rigid and air cannot be communicated to the child's nostrils through the gutter made by the physician's fingers, he must disregard the consequences, and forcibly deliver either by traction or, this failing, by the forceps. Should the perineum be torn, a perfect union may be confidently expected from the immediate introduction of wire sutures.—*Am. Supplement Obstet. Jour.*

**ANÆSTHESIA IN NATURAL LABOR.**—Dr. C. C. Matteson (Paris letter *Chicago Med. Examiner*, May 1) gives Prof. Pajot's views upon the subject of anæsthesia in natural labor. He examines the subject under three propositions: How, and when are anæsthetics given, and what are the results obtained in natural labor?

The first question—how it is given—he quotes from advocates of the procedure to show that enough chloroform is not given to produce anæsthesia; or, if the full result is produced, it is done at the risk of the life of the patient; in the latter case he accuses the accoucheurs of negligence; in the former "It is homœopathy!"

As to the question, when it is given, he states that it is only at the third period, that of expulsion, that any benefit can be derived from *true* anæsthesia, and then the administrator is deprived of the possibility of directing the efforts of the mother. They do not give chloroform during the last hours of dilatation, the part of labor worst borne, the very time the indication that true anæsthesia is indicated.

Concerning the results obtained by the advocates of anæsthesia in natural labor, Prof.

Pajot affirms that the pretended semi-anæsthesia is only a delusion. He quotes the indications of the approach of insensibility, from one of the advocates of the procedure: "There is a roaring in the ears that exists in nearly all the cases, and which, when it exists, appears to us to indicate that they have reached a state of semi-insensibility." Here are his sarcastic remarks: "Here is the indication, precise, scientific! They ask the woman, 'Have you a noise in the ears?' 'No, sir.' 'Then you are not semi-insensible.' 'And now?' 'Yes, sir,' 'Good, you are now semi-insensible.' This recalls involuntarily the famous dialogue: 'Are you deaf and dumb?' 'Yes, sir.' 'Very good.'"

That no accidents have resulted from chloroform in this semi-anæsthesia, he says, is as astonishing as the fact that no deaths have been produced by bread pills! It is good as a temporizer only. In illustration of this point he gives the following from his own practice:

"I delivered, some fifteen years ago, a primipara, granddaughter of a dowager of seventy-five years. This aged dame, person of grand airs, as noble as dry, and as dry as impertinent—rare circumstance, for old families are generally of great politeness to us poor wretches, uncouth but useful—this respectable personage assisted at the labor. The expulsion advanced but slowly, the vagina being narrow and rigid, the perineum and the vulva resisting. The good but interrupted contractions discouraged the young woman. 'My dear,' said the dowager to me (it was the first time she had ever seen me), 'one of my friends has a medal that is good for delivering all women. Shall I go for it?' 'Why not, madame,' said I, with deference, only too glad for this unexpected aid. The carriage departed, and half an hour afterward, when they announced the return of the noble grandmother, I gave the patient twenty-five centigrammes of ergot prepared in advance. The medal was placed on the breast of the girl, and twenty minutes afterward the labor was ended. During an hour the dowager deafened us concerning the suddenness of this miracle, and, head under the knife, she would have proclaimed the virtues of this talisman. It has served many times since; perhaps not always with such wonderful success."

His conclusions on the use of chloroform in natural labor are these:

The dangers and disadvantages of *true* anæsthesia in natural labor appear to be greater than the advantages. The pretended *semi-anæsthesia* is useless. It is a placebo, and may be used to gain time when there is need for nothing else. Women may be induced to think that they would have suffered more without it. For the woman in child-bed it will be like Providence, whom one thanks when he breaks one leg—both might have been broken!

ALTERATIONS OF SENSIBILITY IN ARTICULAR RHEUMATISM AND THE ELECTRO-THERAPEUTICS OF THIS DISEASE.—Dorsdorf, in a number of cases observed at Prof. Botkin's clinic, St. Petersburg, came to the following conclusions:

1. The sensation of pain consequent to the electric irritation is much reduced in the affected joints, sometimes even entirely gone, so that no pain is perceived when the coils are closely approximated, and by closure of the current numerous sparks are produced. At the same time pressure causes intense pain. The reduction of electro-cutaneous sensibility appears mostly proportional to the intensity of the disease and the pain produced by contact.

2. The diminution of electro-cutaneous sensibility is strictly limited; whenever a joint is affected only in part, the corresponding surface only loses its sensibility to the current.

3. This limit is not gradual, but abrupt.

4. This diminution of electro-cutaneous sensibility sometimes precedes the pain by two or three days, occasionally remaining after the latter has passed away.

5. If the electro-cutaneous sensibility has not yet become normal, the disease, though apparently cured, threatens to return.

6. Synchronously with this alteration, the sense of pressure is reduced, so that a weight of twenty to thirty grammes (five to seven and a half drachms) may not be perceived.

7. The sense of temperature is rendered more acute; the patient can recognize easily a difference of but  $0.2^{\circ}$  to  $0.5^{\circ}$  C. ( $0.36^{\circ}$  to  $0.90^{\circ}$  F.)

8. The tactile sense of the skin covering the joints is heightened. In one case the patient could perceive over the diseased vertebral joints a distance of 0.2 to 0.3 centimetres between the points of Weber's pair of compasses. Sometimes a perversion is noted, one point producing the impression of two.

9. The heightened tactile and thermic sense is reduced by five to ten minutes' faradization.

10. The cutaneous temperature is always higher by  $2-3^{\circ}$  C. than over the corresponding joints of the normal side.

11. This increase of temperature often precedes and sometimes outlasts the rheumatic pains.

12. After five to ten minutes' faradization, the temperature becomes normal or even lower.

The rheumatic pains, increased by pressure and motion, are diminished by faradization, so that a most sensitive joint may then permit of active or passive exercise.

14. The abatement of both the rheumatic pains and the temperature persists for three, four, or even five hours after faradization, thereupon gradually returning to the former point. But the duration of the paroxysms, as well as their intensity, is reduced.

15. Although the rheumatic process may run a shorter course, or annoy the patient less

under the influence of faradization, still relapses occurred in one case, but the attacks became shorter in duration and less intense.

From all this it can be concluded that faradization for five to ten minutes daily will reduce the intensity of articular rheumatism, bring back the sensibility to the normal point, and lower the temperature of the affected joints. Some of the patients received no other treatment, and still recovered rapidly.—*Medical Examiner*.

**APSITHURIA.**—Dr. J. Solis Cohen (*Medical and Surg. Reporter*, May 1) reports four cases of this rare manifestation of disease. The meaning of the term is inability to whisper. This is not present in the vast majority of cases of aphonia (inability to vocalize)—is more apparent than real. By the use of the ear trumpet conversation is still possible. These are not cases of true apsithuria.

Case 1, was that of an unmarried lady, age twenty-two years. Complete aphonia and apsithuria of ten months' duration when she came under treatment. She was of a spare habit, anæmic, consumptive family history and without uterine trouble. No apparent hysteric tendency. Laryngoscopy revealed anæmia of the structures involved in phonation and rigidity of the vocal cords in the position of widest extension without the slightest power of approximation. Respiration normal in frequency and rhythm, and motion of lips and tongue perfect.

Electricity applied to the arytenoid muscles and vocal cords, and tonic and aperient treatment, produced an admirable effect upon the general health, but no improvement in vocalization. Strychnia was administered in divided doses, gradually increased, until she took three-fourths of a grain in twenty-four hours without toxic effect. After six or seven months' treatment she regained the power of whispering to a great extent, but there was not the slightest return of voice.

Case 2. A hysterical lady, aged twenty years. Complete aphonia and apsithuria. Communication only by writing and signs. A similar course of treatment, by strychnia and electrization was without result.

Case 3. A married man, aged forty years, highly nervous temperament, illiterate, and a religious fanatic. Aphonia and apsithuria, both complete and of several months' standing. There was bilateral paralysis of the vocal cords and general congestion of the laryngeal and contiguous structures. The local application of the interrupted battery current (twenty cells) to the vocal cords, one electrode being held externally, cured the aphonia and apsithuria at once.

This case was undoubtedly of a hysterical nature, and is the only one of apsithuria met with by Dr. Cohen in the male sex.

Case 4. An unmarried lady, twenty-two years of age. Aphonia and apsithuria relieved by local electrization and external manipulation, with the use of strychnia internally. There have been many relapses. This case, like the first noted, is still under treatment.

Dr. Cohen says in conclusion. "These cases are laid before the profession in the hope of eliciting some records of similar experience which may throw light on the obscure portion of their pathology. I have been unable to obtain any satisfactory insight into the pathology of loss of whispering power with intact preservation of voluntary expiration and voluntary consentaneous movement of the muscles employed in speech."

**THE SIGNIFICANCE OF INVOLUNTARY EVACUATIONS IN APPARENT HEALTH.**—The subjoined valuable observations are from a lecture in the *Irish Hospital Gazette*, by Dr. Lyons:

You will ask me what importance I attach to the passing involuntarily of urine and fæces after the restoration of consciousness. I always attach great importance to that condition, and for these reasons: It is only to be accounted for by some extreme depression exercised on the pneumogastric and sympathetic nerves, and that influence can only be exercised by some very limited cause acting at the base of the brain.

The passage of urine and fæces involuntarily I have known to present itself as one of the earliest symptoms in cases of slowly-forming tumors at the base of the brain. I well remember one very painful, lamentable, and, indeed, tragic case, in which this was the first noticeable symptom in what proved to be a prolonged history of a case of slowly-forming tumor at the base of the brain. A gentleman, who was engaged to be married, was standing up to dance in a drawing-room, when the sphincters gave way, and the involuntary passage of fæces took place, and, singular to say, he was quite unconscious of it himself. Friends standing by were shocked, and hurried him from the room. He expressed the greatest astonishment when told what had occurred. Nobody seemed able to make out what was the matter. Some thought he must have been tipsy, but it was no such thing, for he was a man of singularly abstemious habits. Curious to say, he recovered voluntary power over the sphincters, and some time elapsed before this accident occurred again. In my experience, this symptom, which is often overlooked, is one of the earliest as well as most dangerous of those occurring in slowly-forming central disease of the brain. I remember another case, in the person of a member of our profession, with whom I was driving to a consultation, when the same unpleasant accident occurred. He seemed perfectly unconscious of it, and had at the time no cerebral disturb-

ance of any kind. In about two years subsequently he died of slowly-forming centric disease of the brain. In the other case there was occasional recurrence of this symptom, and then the diagnosis of deeply seated tumor in the brain was made. He then was confined to bed; paralysis slowly forming ensued, and he died at the end of two and a half years from the first incident in the ball room. On post mortem examination, a tumor about the size of a small walnut was found lying at the base of the brain, projecting upon the pons, pressing a little upon it, but not destroying its substance. There is no doubt that it was just at the very incipient condition of this tumor that the accident occurred, from partial irritation at the origin of the pneumogastric nerves.—*Med. and Surg. Reporter.*

#### A NEW WAY OF OPERATING ON THE LARYNX.

—The *Medical Times and Gazette* gives an account of a new method of operating on the larynx, which has been devised by Dr. A. Eysell, of Halle. Every laryngoscopist, he says, must be aware how difficult it is to reach a tumor growing in the lower part of the larynx, which is not movable enough to be driven above the level of the vocal cords by forced expiration. He has, however, succeeded in removing them by the following method: Whilst observing the larynx by means of the laryngoscope, an exceedingly elastic needle is passed through the skin and crico-thyroid membrane, into the larynx, exactly in the median line, and immediately beneath the thyroid cartilage. The needle is then made to transfix the tumor, and by depressing its handle the latter is forced up into the ventricle of the larynx. No hemorrhage takes place, the only pain felt is during the transfixion of the skin, and no local mischief has followed even frequently repeated operations. If it be intended to cauterize or tear away the tumor, the patient is directed to hold the mirror, or better still, the needle; and in this way Dr. Eysell has succeeded in removing fibromas from the lower part of the laryngeal cavity. He afterwards attempted to operate on tumors, with the needle itself, which could not conveniently be attacked through the mouth, and for this purpose he employed the needle used by Schwartz for performing paracentesis of the tympanum; but even this ought to be gently heated before use, in order to make it more pliable. It was passed, as before, into the larynx, and several incisions or pricks made into the tumor, which was then lifted up and cauterized. In a case where the vocal cords were adherent to one another for their anterior two-thirds, as the result of a suicidal cut throat, which caused considerable shortness of breath on slight exertion, a narrow tenotome was passed through the scar, 0.5 centimetre broad, into the larynx. When the point appeared

behind the triangular adhesion, the handle was firmly depressed, and by drawing the knife downward the cords were separated almost to their origins. In the same way, no doubt, injections might be practiced on laryngeal tumors by the employment of a needle-pointed syringe. It may be impossible to perforate the thyroid cartilage in old people on account of calcification.—*The Doctor.—Med. Examiner.*

**MORBID HISTOLOGY OF THE BRAIN.**—Mr. H. C. Major (*West Riding Reports—Chicago Journal Nervous and Mental Diseases*, Jan., 1875) gives the following statements as including the essential features of a large number of observations upon the morbid histology of the brain:

1. In senile atrophy of the brain the nerve cells throughout the entire depth of the cortical layer, and in all parts, are morbidly affected, although to a variable extent and in a different manner.

2. In the large nerve cells the morbid process in the great majority of cases is one of granular degeneration.

3. In the smaller nerve cells, generally, and occasionally, also, but rarely, in the large, the process is one of simple atrophy, without granular degeneration, properly so-called.

4. The nuclei of the cells invariably participate in the diseased condition and becomes the seat of granular deposits, which lead, ultimately, to their destruction.

5. At an early period the branches of the large cells are usually atrophied and destroyed, to a greater or less extent, but exceptionally they are retained up to a late period in the degenerative process.

6. The condition of so-called hypertrophy of the cells depends on a peculiar transformation of some of the large pyramidal bodies and is not confined to senile atrophy, being also observed in general paralysis, but in both it is of exceptional occurrence. The most common alteration in the vessels is a condition of dilatation. The nerve fibres were most commonly found coarse and tortuous, and the neuroglia in a state of atrophy and degeneration.—*Detroit Review.*

**HEREDITARY TRANSMISSION OF EFFECTS OF CERTAIN INJURIES TO THE NERVOUS SYSTEM.**—Dr. C. E. Brown-Sequard, (*London Lancet*, March, 1875), gives the following summary of the facts observed by himself and others respecting the hereditary transmission in animals of morbid states caused in the parent by an injury to the nervous system:

1. Epilepsy appears in animals born of parents rendered epileptic by an injury to the spinal cord, or section of the sciatic nerve.

2. There is a change in the shape of the ear of animals born of parents in which such a



change was the effect of a division of the cervical sympathetic nerve.

3. There is a partial closure of the eyelids in animals born of parents in which that state of the eyelids had been caused either by the section of the cervical sympathetic nerve, or the removal of the superior cervical ganglion.

4. Exophthalmia occurs in animals born of parents in which an injury to the restiform body had produced that protrusion of the eyeball.

5. Hæmatoma and dry gangrene of the ears occur in animals born of parents in which these ear alterations had been caused by an injury to the restiform body near the nib of the calamus.

6. There is an absence of two or three toes out of the three of the hind leg in animals whose parents had eaten up the corresponding toes, which had become anæsthetic from a section of the sciatic nerve,

7. There is an appearance of various morbid states of the skin and hair of the neck and face in animals born of parents having had similar alterations in the same parts, as effects of injury to the sciatic nerve.—*Detroit Review*.

**TRANSFUSION OF GOAT'S MILK.**—Dr. Joseph W. Howe (*N. Y. Med. Jour.*) reports having injected warm goat's milk into the cephalic vein of a patient who was rapidly sinking from the effects of tubercular disease of the lungs and peritonæum. The introduction of the first ounce and a half induced vertigo and nystagmus. These symptoms disappeared in a few moments. In a few minutes after another ounce was introduced producing vertigo and nystagmus as before. Four minutes subsequently another ounce was forced in without exciting any head symptoms, but the patient complained now of pain in the chest and shortness of breath. These symptoms soon passed off and half an hour after the operation the only change noticeable was increased volume of the pulse.

Eight hours after the first transfusion three ounces more were introduced without any more disagreeable effects than accompanied the first injection.

The next day, the 17th, the patient felt better, and asked for another transfusion, but no change for the better being observable, his wishes were not complied with. Death occurred on the evening of the 18th.

The arm in which the milk was injected was found healthy. The Doctor closes with the following remarks: "Notwithstanding the fact that the patient thought himself benefitted by the operation, I am of opinion that it had no effect, one way or another; it did not hasten his death, neither did it add an hour to his existence.

**ADHERENT PREPUCE AND PARALYSIS.**—At a recent society meeting, in New York, Dr.

Sayre referred to a paper he had read to the American Medical Association, in 1870, on "Reflex Paralysis, caused by Congenital Phimosis and adherent Prepuce." Mr. Barwell, of London, and Dr. Pitcher, of Detroit, and others, had written to him afterward, confirming his observations and views, and mentioning cases of like kind they had seen, but the nature of which had, previous to Dr. Sayre's paper, been obscure. So many similar cases had since then come under his notice, that he desired to bring the subject again before the profession, as he was satisfied that there were many grave affections of the nervous system attributable to this cause, and whose real nature was not suspected. He had no theory about the pathology of the disease to offer. He hoped some light would be thrown on that point by gentlemen this evening. It had seemed to him that in many cases there was an anæmic condition of the spinal cord, as some patients, when in the erect position, lose all muscular power, and even the power of speech, and yet when placed on their backs recover both.—*Med. and Surg. Reporter*.

**LIFE IN A SIX MONTHS' FÆTUS.**—Dr. W. L. Atlee (*Medical Times*, February, 1875) reports the following case observed by himself, in 1845: At closest calculation, the period of gestation did not exceed six months. The very small child, being flaccid and apparently lifeless, was rolled in a cloth and laid one side. The placenta being removed, and mother made comfortable, he was asked the sex of the child. On unwrapping it, he observed a slight gasp. It was now laid in a bed of cotton wadding, and its grandmother took charge of it, feeding it by dropping milk into its mouth from the point of her finger. After being kept and fed in this way for two weeks, it was first washed and dressed. At that time it weighed two and one-fourth pounds. It lived, and is now a beautiful and vigorous lady.—*Detroit Review*.

**SPLENECTOMIA.**—Dr. J. M. Fowler, of Columbia, Tenn., (*Nashville Journal*) reports two cases of dislocated spleen. One occurring suddenly, caused death in nine days from producing intestinal obstruction. In its descent it had twisted the intestine upon itself at two points—the ilium at about its beginning, and the left extremity of the transverse arch of the colon. At these points the intestine was gangrenous. The displacement occurred during violent dancing. The spleen weighed nine and three quarter pounds. The second case has not yet terminated, has pursued a chronic course and will probably prove fatal shortly from exhaustion—anæmia, diarrhœa, anasarca, and night sweats.

Both cases were females and the spleen was enormously enlarged in each. In the latter the tumor fills almost the entire abdominal cavity.



**THE COLOR IN ADDISON'S DISEASE.**—My own opinion is, that the change of color in Addison's disease is undoubtedly produced, like the constitutional symptoms, through the medium of the nervous system. The paling of the discoloration, coincidently with remissions of the constitutional symptoms, and its deepening and extension with every fresh exacerbation of the illness, appear to me to afford strong clinical evidence that these two features of the disease are referable to a common cause. Moreover, the interesting cases detailed by Meissner and others, of general and permanent darkening of skin produced by agony of mind, sudden alarms, and other violent emotions, leave no doubt of the fact that nervous influences are capable of producing abnormal pigmentation. This fact seems to me to furnish another strong presumption that the discoloration of the skin in Addison's disease is due to a morbid action of the affected nerves. There is, however, no evidence to connect it directly with any of the nerves actually involved in the inflammatory process; and I am inclined to attribute it rather to reflex irritation through the cerebro-spinal nervous system.

Although the correctness of these inferences is not susceptible of proof, without much clearer knowledge than we yet possess of the part actually played by the nerves in the physiological process disturbed by the disease, I venture to think that the views I entertain derive considerable support from the clinical and pathological facts upon which they are based.—Greenhow.—*Brit. Med. Jour.*, April 3, '75.—*The Clinic*.

**PYOTHORAX TREATED BY FREE INCISIONS WITH DRAINAGE—TUBE VERSUS PARACENTESIS.**—Dr. G. Wackerhazen (*N. Y. Med. Journal*, Jan., 1875) gives us the following facts on the above practical inquiry:

The histories of thirty-eight cases were examined; twenty-nine of these were adults and nine were children. Of ten adults operated upon by paracentesis alone, six recovered and four died. Of three children operated upon by paracentesis alone, one recovered and two died. The rate of mortality, including both children and adults was thus a little above forty-six per cent.

Of eleven adults operated upon by free incisions into the pleural cavity without drainage tube, eight recovered and three died. Of six children operated upon by the same method, two recovered and four died; the rate of mortality thus being more than forty-one per cent.

Of eight adults treated by free incisions and drainage tubes, six recovered and two died; the rate of mortality thus being only twenty-five per cent. In all of these cases paracentesis had been performed several times, with unsatisfactory results. So far as these obser-

vations go they show that free incisions are to be preferred to paracentesis, and that the use of the drainage tube as a method of treatment is worthy of primary consideration.—*Detroit Review*.

**TERMINATIONS OF NERVES IN GLANDS.**—M. Rouget, at a meeting of the Societe de Biologie, speaking of the different opinions regarding the terminations of nerves in glands, described the venomous glands in the dorsal glands of the larvæ of the salamander as very convenient for the study of that subject. These glands are quite independent of the vessels and form globular groups, into each of which penetrates a nerve that divides into two secondary tubes which arrive at the centre of the glandular cellules, retaining their medullary substance. Thus there is contact between the cellule and the nerve. The presence of a further subdivision cannot be determined; moreover, it is unnecessary to suppose this ulterior subdivision.

M. Rouget has also demonstrated the important fact that in the cockroach there are certain nerves which distribute themselves into cellules and are in contact with the protoplasm of the glandular elements.—*Gaz. Hebdom.*—*Med. Examiner*.

**A SIMPLE METHOD OF PREVENTING MASTURBATION IN CHILDREN.**—Dr. Porro (*Riv. di Medicina, Chir. et Terapeutica*, de Soresina) writes that he was consulted about a child, age four and one half years, who was furiously addicted to Onanism. It occurred to him that if the prepuce was closed by transfixing it by a gold ring\*—such as are worn in the ears by girls—that the performance of the act would be hindered. This method proved efficacious, and the health of the child, which had been enfeebled, was soon reestablished. The presence of the ring did not render erection painful. The author adds that this means may be applicable to girls by thus transfixing the *labia majora*, joining them throughout their superior and middle thirds.—*Le Progrès Médical*, Apr. 10, 1875. W. B. H.

**TREATMENT OF PEMPHIGUS.**—Dr. Hillariet, founding his plan of treatment upon the analogy which exists between pemphigus and the second degree of burns, employs in cases of this affection, which is generally so rebellious to treatment, the remedies found useful in burns—viz: the covering of the parts with wadding soaked in oleo-calcareous liniment. The pruritus soon abates, and the bullous eruption ceases at the end of a variable period.—*Union Médicale*—*Med. Times and Gazette*, April 3, '75.—*The Clinic*.

\*NOTE BY TRANSLATOR.—This is simply a revival of the operation of infibulation, practiced by the ancient Romans upon gladiators during their training for the arena.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - June, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDER, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### "A LOST ART."

Thank heaven, it is a lost art! Let it be laid away in the catacombs of age along with amulets, charms, and the black-letter folios of the mediæval alchemists. When the pathology of Paracelsus and the therapeutics of Mithridates regain their hold upon the medical mind, then let the lancet be taken again in hand and venesection be once more received as the great panacea!

We had thought that modern science had, once and for aye, driven Dr. Sangrado's specific from the field; had demonstrated that spoliative measures were no longer to be tolerated in the treatment of disease by enlightened physicians; that the sick man should be mercifully allowed to struggle with disease, if not assisted by his physician, still permitted to use the natural resources of his system against the inroads of destructive processes. How much we were mistaken may be gathered from the fact that the venerable Nestor of American surgery could raise his voice in favor of this "lost art" and find approving, applauding hearers in an assembly supposed to represent American medicine! We can only hope that a well-founded admiration for the man who has done so much to place American surgery in its present high position, rather than an agreement with him in theory and practice, was the reason for such preposterous views being so well received.

We know too well into what desuetude the practice of venesection has fallen in the United States, to believe that even a small minority of

our profession is willing to go back to the days of our grandfathers for obsolete practices in medicine or surgery. The vast majority of American physicians are fully indoctrinated with modern views and modern practice. The restorative system is daily becoming the received basis of treatment.

In a population in whom bone and muscle predominate, in whom all the energies of the system are devoted to digestion and blood-making, in whom assimilation and procreation are the end and aim in life, occasional blood-letting might be of advantage, or, at least, do no visible harm. On the contrary, where the nervous system is intensely active, where inexorable necessity spurs its flagging energies to unremitting exertion, where the very atmosphere has an exciting effect upon the highly developed, ever active mind, there we expect to find, there it is found, that venesection and depressants of all kinds exert a most pernicious influence, an influence, the effects of which are only too apparent in the dyspeptic, the neurotic and the absolutely insane, who crowd our hospitals or meet us at every turn in the business of life.

Malarial influence produces anæmia, hastens the destruction of the red blood corpuscles, and, perhaps, interferes with their genesis. The deplorable effects of loss of blood are well known to the common people in these districts, and appreciated by every tyro in medical practice.

If it must needs be, let Prof. Gross revive his lost art, but, at the same time, let him and his co-believers contribute the wealth of a Cæsar, or of a dozen Monte Cristos to duplicate or triplicate our present hospital accommodations to receive their predestined victims.

W. B. H.

THE meeting of the American Medical Association at Louisville, proved all that was most satisfactory, both in a scientific and social way. The Association adjourned to meet in Philadelphia on the first Tuesday in June, 1876.

DR. MOORE, of Rochester, read a paper before the National Association upon the transfusion of blood. Dr. Gross, of Philadelphia, at the same time and place, read one upon its effusion.

## Book Notices and Reviews.

**SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN.** By R. W. Taylor, M. D., Surgeon to the N. Y. Dispensary, Department of Venereal and Skin Diseases, Physician to Charity Hospital, N. Y., etc. New York: Wm. Wood & Co., 1875.

This treatise of Dr. Taylor is, in our opinion, one of the most valuable contributions to practical medicine that has ever been issued from the American press. The author has opened up an almost entirely new field in the domain of syphilography, and his conclusions, the result of long-continued and pains-taking clinical observation, and supported by incontrovertible facts and cases, is destined to very materially modify both theory and practice in regard to osseous lesions occurring in children and infants. In the limits of this review it would be impossible to do justice to the important and interesting questions discussed, and we will therefore confine ourselves to directing attention to their more salient features. In his introductory the author tells us, that in no portion of the field of syphilography has there been less of progress than in that of lesions of the osseous system in infants and children. In fact, we are aware that the existence of such lesions by even modern writers upon venereal diseases, was either ignored or denied, and the presence of well-defined bone maladies upon the persons of infants and children, were often ascribed to the operation of other causes by the surgeon and general practitioner. Although a few cases of bone lesion presumably due to syphilis have been occasionally reported, and Wegner, of Berlin, had, in 1870, minutely described the pathological condition in a series of cases, it has remained for Dr. Taylor to present us with a thorough and exhaustive account of the subject, in the main, the result of original study, besides bringing out many points overlooked by the few writers contemporaneous with him.

It may serve a useful purpose to present the reader with a description of one of Dr. Taylor's cases. They all present points of unusual interest, but for the sake of brevity, we will select the following: John B., a male child three months old, was brought to the Woman's Medical College of the New York Infirmary, and was transferred to my clinic on the 25th of November, 1872. At that time I ascertained that its mother had been syphilitic nearly two years, but I could obtain no history of the father. Upon examination I discovered a roseola and papular roseola of undoubtedly syphilitic origin, upon the trunk and extremities. The body of the right testicle was enlarged to more than twice its natural size, and there was an hydrocele of the tunica vaginalis.

The distal ends of the bones of the forearms were also the seat of morbid changes. Thus, just at the junction of the diaphysis with the epiphysis of each bone an enlargement was felt, which began quite abruptly and attained a height of fully half an inch, and merging into was lost in the expanded epiphysis. The surface of the swelling was perfectly smooth, and when carefully examined, both radius and ulna seemed soldered together by a new deposit. The swellings corresponded in size on each arm. If they had not been carefully sought for, these enlargements would have escaped recognition, as the child was quite fat. The treatment consisted in the administration of one grain of hydrarg, cum cæta and of one grain of iodide of potassium at intervals of half an hour between each dose, three times daily. The testicle received proper treatment. The cutaneous lesions disappeared, and in six weeks there was a marked diminution in the size of the enlargements. I have since learned that the treatment was continued for two months longer, and that then no swellings were perceptible upon the bones. There was not at any time any apparent impairment in the use of the limbs, and the joints were not involved. The case also presents an interesting feature, as showing the development of a sarcocele in a hereditarily syphilitic child, a lesion, the existence of which was once denied. The fontanelles were normal, as were also the ribs and skull-bones. The child had not had local nocturnal sweats, nor had it suffered from gastrointestinal disturbance.

Every other case recorded shows some feature of especial interest, as the existence of these swellings upon the flat bones, etc. The rest of the volume is taken up with the clinical, pathological, diagnostic and therapeutic consideration of these osseous lesions. Dr. Taylor, in this work, has definitely settled many mooted points, indicated many new facts, and, altogether, has thoroughly developed and given determinate form to an almost entirely new line of investigation.

**THE MAINTENANCE OF HEALTH.** A medical work for lay readers. By J. Milner Fothergill, M. D., M. R. C. P. New York: G. P. Putnam's Sons, 1875. For sale by Gray, Baker & Co., St. Louis.

From the amount of trash wholesaled every year to the public under the caption of a medical work for the million, etc., physicians have been in the habit of discountenancing all books on medical subjects intended for the public.

This work of Dr. Fothergill, however, is so far above the average of those having a similar title that we heartily recommend it, not only to the laity, for which the author modestly designed it, but to the profession at large.

The style of the writer is entertaining and we venture that he who reads the introductory

chapter will need no further invitation to a perusal of the whole work.

The author considers successively the various changes in the system incident to youth, maturity, and advanced life, making many valuable suggestions for the avoidance of the dangers peculiar to each period. The Doctor's remarks on food, clothing and stimulants are calculated to induce reflection of a decidedly beneficial character. The chapters devoted to "Selections of a Pursuit in Life," "Mental Strain," and "Hygiene" are, to say the least, admirable. The work closes with a chapter on the course to be pursued in emergencies, which contains much valuable information.

Without further comment, we would suggest that the name of the author should commend this work to all.

#### A MANUAL OF DIET IN HEALTH AND DISEASE.

By Thomas King Chambers, M. D., F. R. C. P., Honorary Physician to the Prince of Wales, etc., etc. Philadelphia: Henry C. Lea, 1875. For sale by Gray, Baker & Co., St. Louis.

The aims of this handbook are entirely practical, and for this reason the author has not deemed it necessary to introduce the immense amount of chemical, botanical, and industrial learning pertaining to almost every article of diet. The volume includes a consideration of general dietetics, special dietetics of health, and dietetics in sickness. Dr. Chambers is one of our most charming medical writers, as every reader of his other works will readily testify; but in this work, intended more for the general reader, he has surpassed himself. He has shown us in these pages that he is not only a clever and learned physician, but a man of the broadest literary culture and refinement. Such books by such men will do incalculable good, both in the profession and out of it. The chapters on "The Choice of Food," "The Regimen of Infancy and Motherhood," and on "Alcohol," are recommended for especial perusal. The whole work, however, is of so excellent a character, that it will doubly recompense one for the time spent in its reading. The book is handsomely presented by the publisher.

#### THE MANAGEMENT OF ECZEMA. By L. Duncan Bulkley, A. M., M. D. New York: G. P. Putnam's Sons, 1875. Gray, Baker & Co.

This was an essay originally read before the American Medical Association in 1874, and is a reprint from its transactions. As eczema is one of the most common of cutaneous maladies, and one with which the general practitioner has to deal every day, some short, succinct account of its general management from an authoritative source has been much needed. Samuel Johnson used to say that "books that you may carry to the fire, and hold readily in

your hands, are the most useful, after all." Now, this essay on the management of eczema, is emphatically one of that class, and we can conscientiously recommend its earnest and attentive study.

**THE TREATMENT OF NERVOUS DISEASES BY ELECTRICITY.** A review of the present extent of electrical treatment with indications for its employment. By Dr. Friedrich Fieber, Instructor at the university and chief of the special division for electro-therapeutics and inhalations of the K. K. Hospital of Vienna. Translated from the German by Geo. M. Schweig, M. D. New York: G. P. Putnam's Sons, 1874. Gray, Baker & Co., St. Louis, Mo.

The opinions of the author set forth in this small treatise as regards the applicability of electricity to the treatment of nervous diseases is based on so great a number of cases that they "may be numbered by tens of thousands." A remarkable degree of success seems to have crowned his efforts in the treatment of the neuroses. A perusal of the work gives at a glance the status of electricity as a remedial agent. Some practical hints are given as to the proper mode of procedure in certain cases. He confines himself principally, however, to designating the various diseases that are most likely to be benefited by electrization.

#### CYCLOPEDIA OF THE PRACTICE OF MEDICINE.

—Edited by Dr. H. von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. I. Acute Infectious Diseases, by Prof. Liebermeister, of Tübingen; Prof. Lebert, of Breslau; Dr. Haenisch, of Greifswald; Prof. Henbner, of Leipzig, and Dr. Oertel, of Munich. Translated by R. H. Fitz, M. D. and Chas. P. Putnam, M. D., of Boston; Arthur Van Harlingen, M. D., of Philadelphia; James T. Whittaker, M. D., of Cincinnati; Edward W. Schauffler, M. D., of Kansas City, and Francis Delafield, M. D., Horatio Bridge, M. D., Thomas R. Satterthwaite, M. D., Lewis A. Stimson, M. D., J. Haven Emerson, M. D. and Normand Smith, M. D., of New York. Albert H. Buck, M. D., New York, editor of American edition. Royal 8vo. pp. xvi., 708. New York: Wm. Wood & Co., 1875.

#### CYCLOPEDIA OF THE PRACTICE OF MEDICINE.

—Edited by Dr. H. von Ziemssen, Prof. of Clinical Medicine in Munich, Bavaria. Vol. II. Acute Infectious Diseases, by Prof. Thomas, of Leipzig; Dr. Curschmann, of Berlin; Dr. Zuelzer, of Berlin; Prof. Hertz, of Amsterdam; and Prof. Ziemssen, of Munich. Translated by James C. White, M. D., and Edward Wigglesworth, jr., M. D., of Boston; Edward W. Schauffler, M. D., of Kansas City, and A. Brayton Ball, M. D., J. Haven Emerson, M. D., George H. Fox, M. D., Edward Frankel,

M. D., and John C. Jay, jr., M. D., New York. Albert H. Buck, M. D., of New York, editor of American edition. Royal 8vo., pp. xii., 751. New York: Wm. Wood & Co., 1875.

The Cyclopædia of the Practice of Medicine is sold only by subscription, and cannot be obtained at the book stores. Messrs. Brown & Holdaway, 209 N. Fourth street, are the general agents for the State of Missouri. Mr. E. S. Alport is their authorized solicitor for this city.

EPITOME OF PERCUSSION AND AUSCULTATION, and the physical diagnosis of affections of the lungs and heart, with a SYNOPSIS OF CHEMICAL EXAMINATION OF URINE; THERMOMETRY and ELECTRIZATION as aids to diagnosis, with plates and wood cuts. By Alex. B. Shaw, M. D., Adjunct Professor of Clinical Medicine and Principles of Diagnosis, Missouri Medical College. St. Louis: Gray, Baker & Co., 1875.

Paper binding..... 50 cents.  
Cloth " ..... 75 "

Orders may be sent to H. F. Zider, 511 Pine street, St. Louis, Mo.

A DESCRIPTION of new instruments for making examinations and applications to the cavities of the nose, throat and ear, and some remarks about the local and general treatment of the affections in which they are applicable. Illustrated by thirteen engravings. Third edition, revised. By Thomas F. Rumbold, M. D. St. Louis: A. M. Leslie & Co., 1875.

## Miscellaneous Notes.

THE illustrious Skoda is said to be dangerously ill.

MORE than five millions of cigars are smoked daily in the United States.

PROF. FRANK HAMILTON has resigned the chair of surgery in Bellevue.

IODOFORM is highly recommended in the treatment of fissure in ano.—*Med. Times and Gazette*.

VON GRAEFE was the student of Jaeger, who yet holds the professorship of ophthalmology, in Vienna.

DR. TAYLOR (*Practitioner*) says that a clean white hair from a horse's tail is, in many respects, superior to any other suture.

THE Secretary of the American Medical Association will shortly issue a pamphlet edition of the minutes of the Louisville session.

PROF. S. D. GROSS was presented with a splendid team of horses by his admirers in Louisville, Ky., during his visit there.

DR. GOSCHEN, who edited the *Deutsche Klinik* for the last twenty-six years, died last month. The publication of the *Klinik* has been suspended.

THE Faculty of Medicine of the University of Zurich has just conferred on Mlle. Lehmus, of Furth, Bavaria, the degree of Doctor in Medicine, Chirurgy and Obstetrics.

QUADRUPLTS.—J. J. Schneck, (*Med. Examiner*), reports attending a lady who gave birth to quadruplets. There were four umbilical cords in as many separate sacs. Two of the children were males and two females.

PUNCH ON QUACKERY.—(*Pacific Med. and Surg. Jour*). Holloway, the London charlatan, who made a fortune by the sale of cathartic pills, having devoted a portion of the proceeds to founding an asylum for idiots, *Punch* proposes the following inscription to be placed on the front of the building:

Not so oft is fate so just; see wealth restored  
Back to the simple source from which it poured.

DR. GERHARDT (*Ber. Klin. Woechen-South. Med. Record*) advises the treatment of catarrhal jaundice with electricity. He places one electrode of a strong inductive machine over the gall bladder, and the other electrode on the left of the median line. "Almost always, when the current is powerful, a gurgling sound can be heard and very often the feces resume their natural color, and a cure is effected.

NITRATE OF SILVER PILLS.—The incompatibility existing between the nitrate of silver and the excipients which are ordinarily used to form a pill mass, has given rise to no little vexation to both doctor and druggist. *New Remedies* recommends potters' clay as the proper excipient for this salt. The nitrate of silver is first dissolved in a little water. The clay is then added until the proper consistence is obtained. After the pills are rolled they may be covered with a little lycopodium.

It would seem, judging from the following facts (*Brit. Med. Jour.*, Dec. 56, '74) that the pursuit of science is not injurious to health. From the roll of the Royal Society, the total number of deaths for one year, ending November 30th, 1874, was fourteen. Of these, three were under seventy years; five were between seventy and eighty; five between eighty and ninety, and one ninety years. These are remarkable facts, worthy of a more extended consideration.—*Detroit Review*.

**FOR COLD IN THE HEAD.**—Hamilton recommends to mix carbolic acid, 10 drops, tincture of iodine and chloroform, each 7.5 drops. A few drops are poured into a test tube and heated over a spirit lamp, when it begins to evaporate it is placed under the nostrils. Two minutes afterward the operation is repeated. Sneezing at first results, but relief soon follows.—*Jour. Applied Chemistry.*—*Physician and Pharm.*

**A FLY OF AFRICA.**—There is a Cayenne fly, called the *Lucilia Hominivorax* (man-eater), which commits great havoc among the convicts sent out to that colony by the French government. M. Charles Coquerel says that this fly lays its eggs in the mouth or nostrils of a sleeping convict, especially a drunken one, and that the offspring, in their larval state, usually bring about the death of their victim.—*Southern Medical Record.*

**AYRES' HERNIA TRUSS.**—In this issue appears an advertisement of the above hernial truss. No opportunity has, as yet, been afforded us of trying this truss, but judging from its physical appearance and mechanism, and the numerous recommendations of medical gentlemen, some of whom are among the most able and distinguished of the profession in Virginia. We do not doubt its superiority over the ordinary appliances for the relief of hernia.

**ELEGANT FERRUGINOUS PREPARATION** (Prof. Goodell).—The following offers simply the most elegant and efficient ferruginous preparation we know of: Take of tincture of the chloride of iron three fluid drachms, dilute phosphoric acid half a fluid ounce, syrup of lemons three fluid ounces. M. A whitish preparation, pleasant to the taste; to be exhibited in a dose of a dessertspoonful to a tablespoonful.—*Philadelphia Medical Times.*—*Southern Medical Record.*

**THE Association of American Medical Editors** held its annual meeting at the Galt House, in Louisville, May 3rd. The President, Dr. W. S. Edgar, read a paper on "Medical Advertisement." The following officers were elected for the ensuing year: Dr. Bell, editor of the *Sanitarian*, New York, president; Dr. F. C. Wood, editor of the *Philadelphia Medical Times*, vice-president; Dr. F. C. Davis, of the *Chicago Medical Examiner*, secretary. The members of the Association dined with Prof. D. W. Yandell, of the *American Practitioner*, in the evening.

**CAUSE OF DIPSO MANIA.**—Dr. J. Milner Fothergill states that the most common cause of dipsomania is a chronic state of anæmia of the brain. He has successfully treated this disease by measures having for their object the improvement of the cerebral nutrition. The

treatment is directed to the cause of the anæmia. If this be general, tonics are indicated when dependent on valvular disease or cardiac weakness, strychnia and digitalis are the best remedies. In severe cases he has obtained excellent results from small and often repeated doses of opium.—*West Riding Reports.*

**THE DURATION OF LIFE.**—The following facts on the duration of life appear in the *Deutsche Versicherungs Zeitung*:

"In ancient Rome, during the period between the years 200 and 300, A. D., the average duration of life among the upper classes was thirty years. In the present century, among the same classes of people, it amounts to fifty years. In the sixteenth century the mean duration of life in Geneva was 21.21 years; between 1814 and 1833 it was 40.68 years; and at the present time as many people live to seventy years of age as 300 years ago lived to the age of forty-three."—*Med. and Surg. Journal.*

SINCE 1867 six ladies have taken the degree of M. D. at Zurich, and seventeen abandoned their studies, in consequence of the unmanly persecutions arising from the jealousy of the male students. As the medical students at the university number at present two hundred and eight, it will be seen that the ladies are nearly one-fourth of the whole, (numbering fifty-one). Of the six Zurich M. Ds., two are practicing in St. Petersburg, one of them in partnership with her husband; a third is with Dr. Garrett Anderson, in London; the fourth, physician to the Children's Hospital at Boston, Mass.; and the fifth, assistant to Dr. Biermer, Professor of Clinical Medicine at Zurich.

**PERSONAL.**—Two physicians in Quincy, Illinois, have been sued by a patient on whom they operated for hernia. The declaration states that the defendants conducted themselves in an ignorant manner, by unnecessarily, wantonly, improperly and unskillfully performing a surgical operation on the body of plaintiff, by cutting through the flesh of said plaintiff into the cavity and through the left lower region of the abdomen, and in an unskillful manner the defendants took and removed from the cavity of the abdomen of plaintiff twenty-five feet of bowels, by reason of which ignorance his recovery is greatly impeded!—*Med. and Surg. Reporter.*

**MARRIAGE AND LONGEVITY.**—M. Bertillon, in *London Med. Record*, March 10, 1875, gives the results of a careful study of the statistical documents respecting the influence of marriage on longevity in France, Belgium and Holland. He finds that marriage creates a remarkable increase of longevity in both sexes. Among widowers he finds the same mortality as among celibates of the same age; thence he concludes

that the vitality of married persons is not derived from extrinsic causes, but is a directly beneficial result of marriage, which modifies the conditions of life favorably. To this general fact he found few exceptions. Thus, marriages contracted before the parties are twenty years old increase the risks of death.—*Detroit Review*.

**WHY ARE BRAIN WORKERS LONG LIVED?**—Dr. Geo. M. Beard, in a recent pamphlet, gives the following reasons for the long life of those who live by brain labor:

1. Brain work is inherently and essentially healthy.

2. Brain workers have less worry and more comfort and happiness than muscle workers.

3. Brain workers live under better sanitary conditions than muscle workers.

4. The nervous temperament, which usually predominates in brain workers, is antagonistic to fatal acute inflammatory diseases and favorable to long life.

5. Brain workers can adapt their labors to their moods and hours and periods of greatest capacity for labor better than muscle workers.—*Detroit Review*.

**DAMIANA.**—Dr. J. J. Caldwell, of Baltimore, (*Virginia Med. Monthly*, May, 1875), calls attention to damiana, which is a new, powerfully aphrodisiac remedy—a plant found upon the western coast of Mexico. It is found growing upon rocky soil, has dark green leaves and small white blossoms (an inferior variety has yellow flowers and larger leaves). The peculiar properties appear to be present in the leaves, twigs and root, and seem to belong to a species of gum with which the stems are covered. The botanic characters are, as yet, uncertain. It may be prescribed in infusion, tincture or fluid extract. Its effects are diuretic and powerfully aphrodisiac. It seems to give tone and activity to all the secretions of the genito-urinary apparatus. May be given in impotency. Dr. Caldwell considers it a nervine tonic free from the dangers attendant upon the use of strychnia and phosphorus.

**WHAT'S IN A NAME.**—A correspondent of the *Dublin Medical Press* gets off the following very good satire on the names of the Dublin medical men. He says:

On looking over the names of our Dublin medical men, it has occurred to me that much convenience would result from each devoting himself to that branch of his profession indicated by his name. Thus I would place the lunatic asylums under the charge of Dr. Madden, the more violent cases being attended to by Dr. More Madden. I think that Drs. Boyes and Birch might fairly be deputed to look after the weaknesses of young persons; while Dr. Luther would be at home in charge

of the Adelaide Hospital. The Lying-in Hospitals fall naturally to Drs. Bredin and Kidd; while hysteric affections should be treated by Drs. Cryan, Smyly and Laffan. Diseases of the bladder might be left to Dr. Stoney; while for baldness I do not know any more suitable advisers than Drs. Hare and Head. All matters relating to fees should be referred to Dr. Price; while attendance should be regulated by Dr. Daly. For lameness I would consult Drs. Walker and Foot; for shot wounds, Dr. Gunn; but for operative surgery, undoubtedly Surgeons Steele, Butcher and Gore would be selected. For skin diseases, I would call in Dr. Peele; while questions of food might be left to Drs. Fry, Boyle, Cooke, Rice and Porter.—*Canada Record*, April, '75.—*The Clinic*.

**THE WELLS MONUMENT.**—A colossal statue in bronze of Dr. Wells has been executed by Truman H. Bartlett, Esq., and will soon be ready for erection on some commanding site in the beautiful park in the city of Hartford, where the discoverer lived, where the grand idea which was to embalm his name and memory in the hearts of his fellow-men everywhere, had its birth, and where his remains now rest.

It is upon the pedestal, which should be also of bronze, and its ornamentation, that any further funds will need to be expended. This will admit of high and costly adornment, in bas-reliefs, in inscriptions, etc., suited to exemplify the uses of the discovery, at the same time that it commemorates the discoverer; and we are informed by the most competent judges, will admit of large outlay without transcending the limits of a severe and correct taste.

Dr. Horace Wells, the discoverer of anesthesia, died nearly a quarter of a century ago. He most cheerfully and willingly gave this wonderful discovery to humanity at large, wishing it, to use his own words, to be "free as air." The proper appreciation of its worth, and the honor justly belonging to Dr. Wells, will, we hope, prompt many to follow the lead of J. Marion Sims, who writes: "I approve the object most heartily, but my best endorsement is the inclosed check for fifty dollars."

Letters of inquiry may be addressed to Dr. E. K. Hunt, chairman of the committee of the Hartford Medical Society. Subscriptions may be forwarded to Dr. W. G. Russell, treasurer, Hartford, Conn.

**THE VANITY OF LINNÆUS.**—The vanity of the great botanist, Linnæus, was extraordinary, as witness the following document written by his own hand, and entitled "The Good Fortune, Services, and Fame of Linnæus:" "God gave him to wife the woman he most loved, and who cared for the household while he studied. God granted him the largest herbarium in the world, and this is his delight. God honored him with a title (chief physi-

cian), orders (knighthood), coat-of-arms (nobility), and a name among the learned. God saved him from a conflagration. No man before him ever pursued his special study with greater zeal, or had more listeners. No man before him was ever more famous throughout the whole world." The same trait of character is seen in "Flora's Body Guard," as Linnæus, curiously enough, called the most eminent botanists of his day: "General, Karl von Linnæus; major-general, Bernard Jussieu; colonels, Albrecht von Hall and J. F. Gronovius; lieutenant-colonels, Burmann, Gleditsch, Ludwig, etc.; major, J. G. Gmelin;" and so on. A lady having once visited Linnæus' cabinet, the great man made a profound impression on her by giving her some interesting information about each specimen. At last she exclaimed, "I can now understand why Linnæus is so famous in the whole province of Upsala." But Linnæus, who had expected to hear "all over the world," instead of "in the province of Upsala," was hurt by the meagerness of the lady's adulation, dismissed her curtly enough. In order to sound the depths of the great botanist's vanity, an acquaintance once saluted him as the Sun of Botanists, the Jupiter of Scholars, Nature's Secretary, an Ocean of Knowledge, a Traveling Mountain of Erudition, and the like. Far from being displeased at such fulsome flattery, Linnæus interrupted the panegyrist at the close of each phrase, embraced him, and again and again called him his best and dearest friend.—*Popular Science Monthly*, May, 1875.—*The Clinic*.

### Home News.

**WANTED:** A regular graduate, to take the place of a retiring physician. Address S. W. Boynton, Unionville, Putnam county, Mo.

**PROF. J. K. BAUDUY** is busily preparing the manuscript of his Lectures on Nervous Diseases. The distinguished reputation of Prof. Bauduy in this department of medicine, and his well known ability as a chaste and eloquent lecturer, gives sufficient assurance of the merits of his forthcoming volume.

**DR. GEO. J. ENGLEMAN**, favorably known for his scientific contributions upon obstetrical subjects, and especially for his masterly paper on "Prolapsus Funiculi," has now in the press of Messrs. Wm. Wood & Co., and shortly to be issued, a work upon the "Mucous Membrane of the Uterus, with especial reference to the development and structure of the Decidua." It will develop many new and important facts, and although mainly devoted to the microscopic character of those parts, will prove of general interest.

**HEALTH OF THE CITY.**—Dr. Schenck, at a recent meeting of the Board of Health, handed in a lengthy report with regard to the health of the city, containing many interesting facts. He states that last year there died in the city 6,506 persons, which was 2,035 less than in the preceding year, and that with a rapidly increasing population. Of the deaths, one-fifth to one-third are from zymotic diseases, which are preventable, and, therefore, shows the value of sanitary law, as well as the value of an active Board of Health—the most important board the city possesses. The following table shows the different rates of mortality in ten of the principal cities of the United States for the last nine years:

	TABULAR STATEMENT.								
	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874.
New York.....	33.5	33.08	35.45	29.04	29.3	27.5	23.6	21.9	27.09
Philadelphia.....	24.3	19.8	20.6	20.2	23.7	22.6	26.3	20.3	19.66
Brooklyn.....	27.8	27.8	24.4	.....	24.10	25.09	28.1	25.18	24.26
St. Louis.....	46.3	38.2	20.6	20.6	21.3	16.8	18.20	21.36	14.45
Chicago.....	33.2	21.3	23.7	25.2	24.5	21.5	27.6	23.9	20.29
Baltimore.....	24.4	.....	.....	25.9	25.3	25.9	.....	21.14	.....
Cincinnati.....	34.9	20.1	24.16	18	.....	27.7	20.5	22.8	20.46
New Orleans.....	54.3	27.4	.....	26.20	28	20.6	25.8	23.73	.....
San Francisco.....	31	19.2	25.5	23.3	21	17.4	17.5	20.3	.....
Boston.....	22.8	.....	23.3	24.3	22.7	27.65	27.64	20.83	.....

This calculation is in each thousand, estimating the population of St. Louis at 450,000. It will be seen that the rate of mortality in St. Louis as not only the lowest rate of any this year, but is also lower than that of any city during the whole nine years. The high rate shown in the year 1866 is attributable to the cholera epidemic with which the city was assailed at that period. In conclusion, the report congratulated the board on the extremely low rate of mortality shown during the year 1874, clearly proving St. Louis to be the most healthy of all the large centers of population. It was accounted for by the absence of any epidemic disease, by good sanitary laws, by the city having a topography adapted to surface drainage, and by the sewers pouring their contents into a rapid stream heavily laden with gravel, which at once drove all the refuse away from the city front.



## St. Louis Clinical Record.

VOL. II.

JULY, 1875.

NO. 4.

## Original Communications.

## PARALYSIS DURING PREGNANCY.

BY M. M. Pallen, M. D., ST. LOUIS.

I have several times seen cases of paralysis occurring during utero-gestation and after parturition. It seems to me, that in many instances it arises from causes connected with the general condition of the system or from causes associated with the generative organs only.

It may result from albuminuria :

From structural changes in the uterus :

From functional derangements in the uterus induced by constitutional causes :

From malposition of the uterus :

From pressure of the gravid uterus on the nerves :

Or it may depend, in some instances, on organic changes in the cerebro-spinal axis, as in other cases of paralysis.

Albuminuria occurs often in pregnant women, without structural change in the kidneys, and after delivery can no longer be detected. When it manifests itself, in conjunction with other symptoms, it threatens convulsions. If a pregnant woman complains of headache, vertigo, and has swollen face and hands and legs, and, in addition, albumen in the urine, let the medical attendant look out for puerperal convulsions. If such a state of things produce convulsions, why not paralysis? Sir James Y. Simpson distinctly avows that it does. \*

Now, the interesting question arises, why does the elimination of albumen from the blood by the kidneys produce such effects as convulsions or paralysis, whether local as in blindness, deafness, or facial, or more general, as in paraplegia or hemiplegia? Albumen being thus eliminated, must leave some element *in excess* in the blood, which produces a poisonous effect. It is likely urea, or caseine, or both.

That structural diseases of the uterus or of the ovaries, or both, will produce headaches

and pains in various parts of the body, is a fact well known to all gynecologists. Hence the necessity in all cases of paralysis occurring during utero-gestation or persisting afterward, of examining the condition of the genital organs. There may be an endo-cervicitis. There may be a fissure of the neck of the womb. There may be a veritable metritis.

Dr. Romberg, in his valuable work, published by the Sydenham Society, has a section on paralysis depending upon the affections of the sexual organs. "The female sex," he observes, "offers peculiar opportunities for the study of paralytic attacks connected with morbid conditions of the sexual system; they arise either from direct pressure of the distended uterus, or ovary, upon the nervous plexuses of the lower extremity, and are then only unilateral, and accompanied by derangement of sensibility, as pain, numbness, or loss of sensation; or they are caused by a reflex influence upon the spinal cord, and then affect both sides of the body. Veterinary surgeons have repeatedly met with the complication of paraplegia and metritis. Gelle quotes eleven cases of acute metritis in cows, which had followed calving; in all, the power of moving the hind legs was diminished, while sensibility continued unimpaired. Sewell publishes the *sectio cadaveris* of a cow attacked with paraplegia following calving; intense inflammation was found in the uterus and vagina." "Dr. Hunt has observed similar occurrences in women. Lisfranc details the case of a lady, aged thirty-six, who had gradually been attacked with paraplegia without any loss of sensibility. All the remedies applied on the assumption of disease of the spinal cord proved unavailing. Lisfranc made a vaginal examination, and found the fundus uteri so much enlarged as almost to fill the pelvis; after using the iodide of potassium and iodine frictions for three months, and taking the waters at Barège, the tumefaction was reduced, and complete recovery was obtained in two years."

Many of the phenomena occurring during gestation and afterwards, and under other conditions, are called hysterical. Sir Benjamin Brodie has described a peculiar form of pain in the hip-joint, mistaken for true hip-joint disease, which he called hysterical. Now, what is hysteria? Perhaps the Greeks were right, when they named it from the Greek

\* See article on Paralysis in Churchill on Diseases of Women, cases 14, 15, 16.

name of the womb, as its attacks are so often associated with disease of that organ. In other cases it seems to be dependent on some irregularity of nervous distribution in some very impressible persons.

If, then, paralysis, local or general, be dependent on some hysterical condition of the system, and if that hysterical condition be due to altered conditions of the uterus, we can very readily see, that altered functional manifestations can produce like results. The functions of the uterus can be disturbed without any appreciable change in the structure. Hepatic, or gastric disturbance will often interfere with the functions of the womb. We see this in suppression of the menstrual flow; we see it in increase of the menstrual flow, amounting sometimes to menorrhagia. We witness it in dysmenorrhœa. The same results occur from the rheumatic diathesis. What are the practical lessons taught by these instructive facts? They are to appreciate the condition, and apply our therapeutics to the real cause of the symptoms.

If the above remarks are true, as they regard structural changes and functional derangements of the uterus, they must be true as to displacements of the uterus. Whether retroversion, retroflexion, or antelexion, or prolapsus. Gynecologists know, that displacements will produce symptoms precisely similar to, or resembling those which result from organic lesions of the womb. Most of these are called reflex actions, or hysterical. But how widely do they differ in individuals! I have known a lady who was bed-ridden for years from a slight prolapsus. I know two women, one of whom cooks, washes and irons, having complete prolapsus, so that the organ protrudes through the labia majora carrying the vagina with it. The other does the duties of a monthly nurse. They come to me occasionally to touch the ulceration of the external surface of the womb (which is produced by the contact of the atmospheric air) with lunar caustic or carbolic acid. They usually keep the womb in place with a tampon of cotton wool.

Paralysis can, doubtlessly, be produced by pressure of the gravid uterus on the nerves. I think no one can deny this. We often witness, during labor, as the head descends, cramps in the abductor and adductor muscles of the femur, produced by pressure on the

obturator nerve. Dr. Meigs, on one occasion, from the severity of the pain, had to hasten the delivery by the aid of the forceps. If such effects can result from pressure during labor, why not analogous results during utero-gestation. May not such pressure on the uterus and kidneys produce such derangements as to produce albuminuria and thus lead to another cause of paralysis, before mentioned? I could relate cases to sustain the views advocated in this paper, but they would extend it too long.

I will by no means contend that paralysis may not be caused by organic changes in the cerebro-spinal axis, when the female is pregnant or not pregnant. Such a state of things occurs often after large hemorrhages. It is well known that if an animal be bled to death, the brain will contain a larger amount of blood than usual. After a severe hemorrhage during parturition a rupture of a blood vessel is produced, and paralysis ensues; the rupture closes up, the clot of effused blood is absorbed and she ultimately gets well, or she may never recover.

I will mention here that the gait of a paralytic person, suffering from hysterical paralysis, differs from one whose paralysis is due to disease owing to an effusion of blood. The former drags the leg of the affected side in a straight line. The latter, in every step, describes a small segment of a circle.

Before closing, I will observe, that I believe I am sustained in my views by that eminent authority, Professor W. A. Hammond, of the Medical department of the University of New York. I will take the liberty of quoting from a letter from him to me:

"In regard to the pathology," he observes, "of the paralysis accompanying pregnancy, we have very definite data when the loss of power and sensibility is confined to the lower extremities. Then it is simply the result of pressure on the sciatic and crural plexuses. When it is local, in an arm, or in a finger, or in the face, it may be the result either of hysteria or of reflex action. Indeed I have had one case under my charge in which the whole of one side was paralyzed, apparently from hysteria, in which complete recovery took place. I suppose that most of the cases of pregnancy paralysis are hysterical in character.

It is probable, also, that some cases may be deemed due to cerebral hemorrhage or cerebral congestion. In the former case the paralysis would probably be permanent, as it also would if due to central embolism."

### IDIOCY EXTRAORDINARY.

BY ALEX. B. SHAW, M. D.

On the 15th inst. I was called in to the family of a Mr. W—, of this city, among the members of which idiocy is developed to a most remarkable degree. The family consists of parents and five children. The father, a German, is a carpenter, fifty-seven years of age, heavy set and rather under average height. Has always been a temperate, healthy, hard-working man. The mother is an American by birth, of German parentage, thirty-eight years of age, rather robust, of average stature and apparently perfectly healthy.

The measurements of the mother's head are: Biparietal,  $53\frac{1}{2}$  inches; occipito mental, 20 inches; occipito frontal,  $23\frac{1}{4}$  inches, and from one meatus auditorius externus to the other over the head measures  $14\frac{1}{4}$  inches. The father's head was not measured, but it is rather large and seemingly well proportioned.

The closest investigation developed no family history on either paternal or maternal side of any circumstance pointing to insanity, paralysis, fits, idiocy, tuberculosis, scrofula, syphilis, or any other family taint, except that it was supposed that one of Mr. W.'s brothers died of slow consumption, in Germany, at the age of nineteen. Consanguinity is denied, and the individual histories of the parents are likewise totally devoid of any features which would seem to give a possible cause for the terrible scourge from which they suffer.

The eldest of the children is a girl ten years of age, and is about as large as a seven-year-old child. The second, also a girl, eight years old, is about the size of a child six years of age. The third, a boy six years old, is also small for his age. These three children are all idiots and can not say any words but mama and papa.

During babyhood they all seemed rather weakly, but were not sickly children. They all passed through the period of dentition without any bowel trouble. They all have

gray eyes like the mother, and from the second or third month after birth have been crossed. Their heads are contracted in the bitemporal diameter and their foreheads are slightly retreating. Just at the site of the posterior frontanelle there is a marked depression of the skull.

The head of the eldest measured, in its biparietal circumference,  $18\frac{7}{8}$  inches; occipito mental,  $20\frac{1}{8}$  inches; fronto mental,  $18\frac{1}{4}$  inches. That of the second was, biparietal, 18 inches; occipito mental,  $19\frac{1}{2}$  inches; fronto mental,  $18\frac{1}{2}$  inches. That of the third was, biparietal,  $18\frac{1}{2}$  inches; occipito mental,  $20\frac{1}{4}$  inches; fronto mental, 18 inches.

A very prominent feature with them is the nose, which is large in every sense. They all have remarkably large upper incisors. Their general physiognomy is very similar to the Aztec children. Their superior extremities and bodies are tolerably well developed, but none of them have ever attempted to crawl nor walk, and their lower limbs are greatly atrophied. They do not show a disposition to go from about the room, but will remain wherever they are placed, constantly, however, pounding and scraping and making indescribable noises.

The fourth child, a girl four years old, is normally developed, and seems to be a healthy, bright child. The circumferential measurements of her head are, biparietal,  $18\frac{7}{8}$  inches; occipito mental,  $20\frac{1}{8}$  inches; occipito frontal, 18 inches.

The fifth child is a boy two years of age, his physiognomy is strikingly like that of the three elder children. He never has attempted to crawl, walk nor talk. His lower extremities are not developed in proportion to the rest of his person, but the mother thinks they are larger than were those of the three eldest when they were his age. He has always slept a great deal. This was also remarked in the cases of the idiots.

The mother is now *enciente* about five months.

2946 Clark avenue.

HOMEOPATHIC physicians are cautioned, in the *Druggists' Journal*, not to spring from their carriages so as to alight forcibly on the ground, as the jar to the medicine in their pockets increases its power so much as to make it dangerous to their patients. A Boston man was nearly killed from this cause not long ago.

***PRESCRIPTION WRITING.***

BY J. P. KINGSLEY, M. D., ST. LOUIS.

My attention has recently been called to a number of mistakes made by druggists and physicians, and to the difficulty of reading some physicians' prescriptions.

It is rarely the case that these mistakes are published. Occasionally we read something like the following:

***"FATAL ERROR.***

COLUMBUS, Ohio, May 2.—Richard Connell was fatally poisoned to-day and died in great agony in a few hours after. His nurse went to a prominent physician and was given a prescription calling for two ounces of castor oil and one drachm of turpentine. This paper was taken to a drug store, the drug clerk misunderstood it, and instead of castor oil put up croton oil. The sick man soon after took one-half an ounce of this terrible mixture and was a corpse in a few hours."

Dr. Turnbull, in his address before the Alumni Association of the Philadelphia College of Pharmacy, said:

"It is human to err, and all are liable to make mistakes, both in ordering and compounding potent medicines; and yet it is a subject of which we ought never to be weary in warning those who come after us, so that they fall not into the same errors. It has been unfortunate that several fatal mistakes have happened within the last few years. We are of the opinion that this would not have occurred so frequently had there existed a better knowledge of *materia medica*. It should be both the physician's duty and pleasure to thank the compounder of a prescription, in which he had forgotten some item of importance, ordered incompatibles, or directed too large a dose of one of those articles which are known will poison."

We have good reasons for congratulating ourselves for the steps which St. Louis took in bringing about the legislative enactment requiring educational qualifications for druggists and drug clerks.

Formerly, any man, regardless of qualifications, could open a drug store and dispense medicines. Now, every man doing so, as well as his clerks, must be a graduate of some

reputable college of pharmacy, or pass a satisfactory examination before an examining board. There are yet many improvements and advancements to be made by both druggists and physicians, and in order to accomplish and hasten them there must be concert of action on the part of both. The Richmond Pharmaceutical Association, together with the Academy of Medicine, have taken the initiatory steps which must eventuate in great good. I inclose you an extract from their minutes without further comment:

***"EXTRACT FROM THE MINUTES OF THE RICHMOND PHARMACEUTICAL ASSOCIATION, NOVEMBER 20, 1874.***

A Report from the executive committee being first in order, Mr. R. H. Meade, chairman thereof, submitted the following as the action of the executive committee in reference to a series of resolutions to be presented to the Richmond Academy of Medicine, offered by the executive committee at our April meeting, and by resolution referred back to the committee for further action and report:

WHEREAS, The practice of medicine and pharmacy are so dependent on one another, that it behooves the physician and pharmacist to be in entire accord, and to endeavor by conference and mutual enlightenment to insure a more strict conformity to the standards of their calling: In this spirit the Richmond Pharmaceutical Association would urgently invite the attention of the Richmond Academy of Medicine, and, through it, the practitioners of the city generally, to the following suggestions in regard to writing prescriptions, for it is within the knowledge of members of both societies, that each are liable to errors in writing and dispensing prescriptions, and to guard against these is the object of this communication.

*First.* We would urge the great importance of writing in a legible hand, and never to erase a word or quantity and re-write over it. Always to use the technical language and abbreviations of the Pharmacopocia and United States Dispensatory, and to write directions for use and dose on every prescription, and state whether for adult or infant, as a guide to the dispenser in case of error in quantity of any active ingredient.

*Secondly.* We suggest that when an unusual dose or quantity of an active and potent medi-

cine is prescribed—such as strychnia, opium, morphia, belladonna, digitalis, etc.—that the prescriber shall affix opposite a caution mark or sign, to inform the dispenser that he is aware that the dose is unusual, but required in the case. In some portions of Europe, such a regulation is a law of the State. In Germany the caution mark is an exclamation mark in brackets: (!), and is placed on the right hand side of the prescription, in a line immediately opposite the ingredient in question. We propose that the mark shall be placed on the left hand side, and that it shall be the letters "Q. R.—" (*quantum rectum*) with a dash or line connecting it with, or nearly so, the ingredient to which attention is called, for example:

R

Quinæ Sulphat., 3ss.

Ferri Sulph. Exsicc., gr. xxiv.

q. r.—Strychnæ Sulph., gr. iij.

M ft. pil No. xxiv.

Sig. One 3 times a day.

R

q. r.—Tinct. Digitalis,

Tinct. Valer. Am.,  $\overline{aa}$  f3j.

M

Sig. Dose, teaspoonful every 3 hours.

These examples indicate very unusual doses of Strychnia and Digitalis. The careful and educated Dispenser would of course hesitate to put either of them up, until he could see the writer and ascertain if the quantities were correct. To do so, he must delay the patient by some plausible excuse. If the caution mark were affixed, all necessity for delay or hesitation would be removed, and the apothecary would be relieved of responsibility, as it is an evidence that the physician has reviewed his prescription, and is aware that he is giving an unusual dose.

We would also suggest the necessity for more care in prescribing the tinctures of aconite, three of which are officinal; for as aconite is a most violent poison, the dispenser is not authorized to supply for "tinct. aconite," anything but the tincture of the leaves. These tinctures vary largely in strength, and the compilers of the dispensatory call particular attention to this fact, and the necessity for caution in dispensing and prescribing them. To obviate mistakes, the physician should

always properly designate the one he wants, thus:

Tincture Aconite....."Fol."

Tincture Aconite....."Rad."

Tincture Aconite....."Fleming's."

In prescribing "ferri sulphas," the apothecary is often obliged to infer that the physician means "exsiccata," although he does not so write. The dried sulphate is the only kind suitable for pills, and only it should be used; but as three grains of the dried is equivalent to five grains of the crystals, the apothecary should not be forced to infer anything but what is written for.

We further suggest, that the physician should never write any of the following or similar prescriptions without accompanying them with some written direction or explanatory note, as to the use intended to be made of them, so that the dispenser may not be left in doubt:

R Plumbi Acetat., 3j.

R Morphæ Sulph., gr. v.

R Hydrarg. Chlor. Corros., gr. v.

R Chloral. Hydrat., 3ij.

R Opii. pulvis, 3j.

R Tinct. Digitalis, 3j.

All of these, and many others of like import, we could refer to, on the files of apothecaries, are dangerous in the hands of the inexperienced and ignorant, and it would take but little time or trouble to designate in some way the use intended. It requires discretion, judgment and prudence in manner and action, on the part of the apothecary, to so demean himself, as to avert suspicion from himself, and to avoid casting injurious reflections on the physician, when he sees, or thinks he sees, an error in a prescription, or is doubtful about the propriety of dispensing "five grains of morphia" in a single package, upon a prescription handed in by a little child or ignorant servant, perhaps, and we respectfully urge that the practitioners of medicine should give serious attention to these important suggestions.

EXTRACT FROM THE MINUTES OF THE RICHMOND  
PHARMACEUTICAL ASSOCIATION,

FEB. 9, 1875.

The conference committee, composed of three members each from the Richmond Academy of Medicine and the Richmond Pharmaceutical Association, held a meeting at the

office of Dr. R. T. Coleman, Tuesday evening, 19th January, 1875, to consider the "suggestions" of the Richmond Pharmaceutical Association as to the writing of prescriptions; a caution mark, when *more* than the usual dose of a potent medicine is prescribed; and "to further perfect the carrying out of the suggestions."

The committee unanimously approve the suggestions, and recommend their observance by the medical profession as our sure means of preventing errors in compounding and dispensing prescriptions.

The caution mark proposed by the Richmond Pharmaceutical Association, Q. R.—(*quantum rectum*) they discarded, and recommended P. C., (*præter consuetudinem*) as less liable to objection. This mark, like the former, it is proposed, shall be placed on the *left* side of the prescription, and immediately *in line* with the ingredient prescribed *in excess* of the usual dose, when it is a potent one, such as strychnia, prussic acid, morphia, digitalis, aconite, etc.

The committee also discussed the evil consequent upon the frequent unauthorized *renewing* of prescriptions composed in whole or in part of opium, chloral and other powerful remedies, liable to be abused; and, therefore recommend that physicians be requested to write "*Not Renewable*" on any prescription which they do not desire to be renewed, and the apothecaries are requested not to renew prescriptions so designated, except upon the written or verbal authority of the physician in attendance.

In this connection, the committee had under consideration the subject of the growing and fascinating habit of the use of opium, morphia and chloral, and the terrible effects on its devotees; and, therefore do earnestly urge upon the members of both societies, to use every means in their power to stop the sale of these drugs, except upon competent medical authority; and that the Richmond Academy of Medicine be requested to memorialize the Legislature to pass a law to effect this object.

It was also resolved, that the Richmond Academy of Medicine and the Richmond Pharmaceutical Association request the national associations of their respective professions to take action, in view of the fact that the symbols representing the drachm and the ounce

are frequently, and sometimes fatally confounded, because there is so slight a difference in their appearance; that we recommend the Richmond Academy of Medicine and the Richmond Pharmaceutical Association, and propose that they shall do the same to the national associations of medicine and pharmacy, to lay aside the use of the 3 mark, and to substitute the Greek Delta, which is easily made and can not be mistaken.

We also hold that the apothecary is not authorized to reveal to the patient the components of a physician's prescription, when such prescription is written in technical language.

#### DEATH RATE AMONG OFFICERS IN THE U. S. NAVY.

BY J. T. LUCK, M. D., ST. LOUIS.

The number of officers on the active list of the United States Navy last year was 1,572, viz: line, 771; staff, 485; civilians, 52. During that year the aggregate number of deaths among those officers was forty, *i. e.*, 25.45 to each thousand.

The average death rate of the ten principal cities of the United States during 1874 was 22.15 (according to the recent report of Dr. Schenck to the St. Louis Board of Health). The death rate of any city is, however, based upon the total population, and necessarily includes all ages and conditions, and both sexes, and does not form a fair basis for comparison.

Life assurance societies in this country transact their business by taking the Carlisle Table of Mortality, or some modification of it, as their guide. Assuming the average age of naval officers to be thirty years, which is not far from correct, a fair comparison may be made of the death rate in the Navy and in private life at the same age, as shown by the Carlisle, or other standard mortality table, when it will be seen that the death rate in the service is three times that among those who do not "go down to sea in ships."

The officers and men in our navy are placed under the best hygienic condition possible; the excessive mortality can only be attributed to the accidents, exposure, and climatic influences inseparable from naval life. One-seventh of the deaths in the service in 1874 were caused

by yellow fever at the navy yard in Pensacola, Florida.

Through the kindness of Dr. Horwitz, Medical Director, United States Navy, I have been able to ascertain the death rate in the Navy for a period of ten years, including the years of the great rebellion. The average does not vary greatly from that of 1874, as above given. Nor does the death rate among the enlisted men of the service differ from that of the officers.

## Extracts and Abstracts.

### *DIABETES INSIPIDUS; ITS TREATMENT BY ERGOT—ACUTE TETANUS SUCCESSFULLY TREATED BY INHALATIONS OF THE NITRITE OF AMYL.*

At a meeting of the College of Physicians, of Philadelphia, Wednesday, April 7, 1875, the following papers were presented:

**DIABETES INSIPIDUS AND ITS TREATMENT BY ERGOT.**—(By J. M. DaCosta, M. D.)—The case was as follows: Stephen S—, native of Bavaria, a tailor, was admitted in the men's medical ward of the Pennsylvania Hospital, on the 19th of October, 1874. A small, thin man, about forty-three years of age, hollow-eyed, with prominent cheek bones, his complaint of weakness and prostration agreed perfectly with his emaciated appearance. Suffering continually from shortness of breath, from indigestion with acid eructations, a burning sensation in the epigastrium, complete anorexia, and from immoderate thirst; having his rest at night broken by the frequent necessity for micturition; he considered, but too correctly, that his health was lost, and that he was rapidly failing.

No family history could be obtained, and he positively denied any venereal taint. He had always regarded himself a healthy man until two years ago, when he met with a serious accident. By a fall from the roof of a house he was badly contused, besides sustaining a fracture of his clavicle and some of his ribs, and hurting the back of his head; for nearly a year after this fall he suffered from headache and vertigo.

The day after admission (October 20) the urinary examination gave the following result: The urine in color was very light, almost limpid, slightly acid in reaction, the specific gravity only 1001; it contained neither albumen nor sugar; the quantity in twenty-four hours was 224 fluid ounces, corresponding ex-

actly with the amount of water he had drank. He did not improve after admission.

On November 22d he passed 168 ounces of urine, specific gravity 1004, but the daily amount rapidly increased until it reached 260 ounces on the 25th, of specific gravity 1006, containing 24.407 grammes of urea (76½ grains).

The valerian which had been prescribed was now stopped, as it had so evidently wholly failed, and ten grains of hydrate of chloral were given four times a day; but, as the dyspnoea seemed to increase, this in turn was abandoned in favor of bromide of potassium, twenty grains thrice daily, on the 1st of December, at which date he passed 193 ounces of urine, containing, as Dr. Longstreth informed us, 25.128 grammes of urea (387 grains) and 5.813 grammes of chlorine.

During the first days of December the face and ankles became œdematous, the subcutaneous veins of the leg were enlarged, and dark red lines were visible on the lower extremities, which also pitted readily on pressure. He complained still of a great deal of headache and of a feeling of tenseness of the skin on the forehead, and furuncles became manifest on the face. His condition was thus little, if at all, changed for the better. I now determined to give him ergot, a plan of treatment which, in conversation with my colleague, Dr. Hutchinson, I found had suggested itself also to him. At first it was resorted to hypodermically, but this caused so much local disturbance that the remedy had to be administered by the mouth. The internal use was begun on the 7th of December, one drachm of the fluid extract being given three times daily; this was increased, December 18th, to two drachms thrice daily. The diet was the same as before; the cod-liver oil was continued for a time, but not with great regularity, and it was presently wholly stopped.

From the time that the treatment by ergot was instituted, there was steady diminution in the daily amount of the urine, and rapid improvement in the patient's health; indeed, this was without a drawback, with the exception of a slight attack of pleurisy followed by some congestion at the base of the lung, and lasting only a few days. The patient was practically well on the 25th of January, 1875, when the ergot was discontinued, but he was retained under observation until March 10th, in order to decide whether the improvement was a permanent one.

The steady decrease in the amount of urine from the use of ergot may be seen from the following: The remedy was fairly begun on the 7th of December; the amount of urine passed in twenty-four hours had been, on December 4th, 227 ounces, which was the last measurement made before the ergot was commenced. On December 9th, it was 152; on

the 14th, 126; and on the 23d, 91 ounces. From this time onward the highest amount passed was 76 ounces on December 27th, and from the first of the year to the date of discharge, the maximum was 74 ounces, and had been several times as low as 40 ounces a day. It is proper to state that during his stay in the hospital the urine was repeatedly tested for albumen and sugar, but with uniformly negative results.

When discharged he was well and strong, and he had never been in better health. During his stay with us he gained in weight forty pounds; and it was difficult to recognize in the fat, bright-eyed, jovial man who left the hospital, the lean, languid-looking, dejected patient who had come to it but a few months before, apparently to die.

He was seen last week (April 3, 1875), and reports his improvement as permanent.

Dr. Da Costa continued, with the following remarks:

Diabetes insipidus is, when well-marked, for the most part a fatal disorder, though the patient may be kept in fair health for years. "The treatment of the disease, so far as our present knowledge goes, is rather compensatory than curative," says the latest authority on the subject; and, notwithstanding the good results published by Trousseau in a few instances, from the valerian treatment, he agrees substantially with Dr. Dickinson, for these are his ominous words: "I have, on the other hand, had the pain to see nearly all the polyuric patients whom I had to treat waste away rapidly and die much earlier than those who had saccharine diabetes." My own experience has been the same; and the case which I have to-night presented to the society is the first one which I have seen recover; I mean the first marked one, in which there were the grave symptoms of disturbance besides the excessive flow of urine.

That the recovery was due to the action of the ergot there can be no doubt. The drug has been used in saccharine diabetes, and, it is said, with some advantage, though I have not been able to obtain with it any specially good results. But I do not know that it has before been employed successfully in diabetes insipidus; indeed, when I began to prescribe it, I did not know that it had been suggested. I find, however, casual mention made of it by Roberts and by Niemeyer, the latter stating that, like some other remedies he mentioned, it is not based on the results of experience, but on theoretical grounds. Indeed, from all the references to it which I have seen, I infer that it has either only been thought of or passingly tried; for I have not met anywhere with a record of its leading to a cure. Its effect on the capillaries, both of the nervous centers and in glandular organs, suggests its mode of action. That the remedy will be available

where grave organic lesions exist I do not think, but I indulge in the hope that, freely given, it will prove of service in cases which without it are incurable.

ACUTE TETANUS SUCCESSFULLY TREATED BY THE INHALATION OF THE NITRITE OF AMYL, WITH REMARKS UPON THE PATHOLOGY OF THE AFFECTION.—(By William S. Forbes, M. D., Senior Surgeon to the Episcopal Hospital.)—The paper contained the history of a case of violent acute tetanus, beginning on the fourth day after the reception of the wound (an extensive burn), and advancing with great rapidity, having, in forty hours from its commencement, a temperature of 102°, a pulse of 133, and a respiration of 32 per minute, presenting marked opisthotonos with trismus, and a horrid tetanic grin; and having the muscles of deglutition considerably involved, together with paroxysms of brief and painful spasms, which yet were perfectly controlled by inhalations of nitrite of amyl, which were given in doses of five drops, twice a day, for forty-six days, and which restored my patient to perfect health, without the administration of any other agent beyond good nourishment. The patient was exhibited before the College.

The nitrite of amyl was first ordered on the 11th of February, at first in doses of three drops, to be administered by inhalation twice daily, and a record to be accurately kept of the temperature and the pulse morning and evening. Dr. Rudderow, our resident physician, kept the record and administered the nitrite. Dr. R. first administered the amyl on the evening of the sixth day after the accident, and about forty hours after tetanus first discovered itself; before the three drops had half evaporated the heart's action became more quiet, and at each inhalation of the amyl afterward it was generally observed to have a quieting effect on the heart's action; towards the latter part of the treatment the pulse was among the eighties, although on giving the patient five drops on the 4th of April, six days after he had ceased to inhale five drops twice daily, the heart's action was 132, and tumultuous; whether this was because the system, towards the last, was becoming accustomed to the action of the drug or not, is uncertain, but this same action of the heart in angina pectoris is recorded by Brunton and by Wilks. In the present case, after the cure of the tetanus, the amyl excited the heart as in health.

The eyes were suffused; the skin of the face and neck became very much congested; indeed the whole surface of the body was more or less congested, but this soon passed away when the amyl was withdrawn. The three drops had scarcely begun to cause congestion when there was evinced a tendency to gape, and a few days afterward gaping and yawning both took place at each inhalation until the administra-



tion of the drug was discontinued; this gaping and yawning was produced also on Dr. Rudde-row while administering the drug, on each occasion. The man said, some hours after the inhalations, on several occasions, that his head felt as if something was running around in it, to use his own expression. On the evening of the 12th he felt more comfortable and had had some sleep.

On the 13th he felt more comfortable; he was more cheerful; his appetite was a little better; his bowels were regular; his opisthotonos became a little less after each inhalation.

On the 14th he was not so well; he had another spasm, the third; the nitrite was now ordered to be given in doses of five drops twice a day.

On the 15th he is better, more cheerful; takes his nourishment, but says before evening he wants his medicine (meaning his amyl); that it always makes him feel better immediately after he inhales it. On the 16th he is still improving; the sardonic grin is manifestly less, and his opisthotonos is much less. On the 17th he is still improving.

On the morning of the 18th, the eighth day of the attack, the amyl in the hospital gave out, and it was only on the evening of the 20th that it was replaced. For forty-eight hours the patient had no nitrite of amyl; his pulse rose, late that night, to 116, from having been 100 the evening before; his temperature rose to 100°, from having been 98° the evening before. On the morning of the 20th, thirty-six hours after he had taken this last dose of the amyl, the opisthotonos and the tetanic expression both were manifestly returning, and he appeared to be threatened with a spasm. In the afternoon, when he again inhaled five drops, after an interval of forty-eight hours, he again came rapidly under its influence. He said he felt better almost immediately; his pulse and his temperature again abated. This accident of the cessation of the administration of the amyl discovers a most important event in its use; it points to the efficacy of the drug in this case most notably.

On the 29th of March, forty-six days after the first dose of the amyl was given, the patient appeared to be perfectly well. He could walk about, and eat, and drink, and enjoy himself in every way as before the attack, except having a feeling of weakness. He had inhaled one ounce of amyl.—*Medical and Surgical Reporter.*

### PNEUMONIA.

Dr. J. C. Peters, *Virginia Medical Monthly*, says, in speaking of pneumonia:

Thus far, nothing widely different from what is believed by the best authorities has been advanced, although I have enlarged the lithæmic

theory of inflammation. But my views about caseation, tubercularization and scrofulosis are, I believe, novel, and, I hope, true. Casein exists in milk, both in the milk serum and in the walls of the milk globules. There is no albumen or fibrin in milk—only butter, sugar, casein and salts. Casein is an albuminate of potash, while blood albumen is an albuminate of soda; and each not only can, but must be converted into each other. There is little or no casein in the serum of the blood, but much in the globulin. Connective tissue is the only structure of the body which contains casein in its juices; and this tissue is the breeding place of tubercle and scrofula, which affect the glands only secondarily. In pneumonia and acute inflammatory rheumatism, we have a higher proportion of fibrin in the blood than in any other diseases. But if, from a low state of health or some local condition, the casein which is taken in our food is not properly converted into albumen, and this into fibrin, a hyper-caseous condition of the globulin of the blood, and of the juices of the connective tissue, will occur; which, under the stimulus of secretion, congestion or inflammation, may lead to exudations which rapidly undergo caseous degeneration, and become scrofulous and tuberculous. I claim this theory as my own.

In pneumonia, the fibrin of the blood is greater in amount than in any other disease, except acute inflammatory rheumatism. In addition to excessive formation of fibrin, this excess may arise from deficient destruction of it in the liver. There is no doubt that the fibrin of the blood is largely disintegrated in the liver; for Lehmann and Claude Bernard have shown that while portal blood contains much fibrin, that from the hepatic vein includes little or none. Brown-Sequard also affirms that enormous quantities of fibrin are daily lost to the blood in its passage through the digestive organs and liver. Hence, if anything occurs to interfere with this fibrin-destroying function of the liver, there will arise a hyperinosis and a tendency to inflammations, which assume a rheumatic character if there is a simultaneous excess of lactic acid in the system; and which may fall upon the lungs from exposure to cold.

We also know that the protoplasm of the blood is albuminous, but by dissolving it with the dilute alkali or potash of the blood, and then acting upon it with some acid, like acetic or lactic, casein will be formed, and the inflammation may assume a caseous or tuberculous nature.

From the side of the air cells, pneumonia may arise from the inhalation of various poisons, such as marsh miasm, measles, scarlet fever, diphtheria, typhoid fever, etc. In all these, as well as in ordinary pneumonia, from the inhalation of cold air, the first assault must be made upon the epithelial cells, which line

the air vesicles. These delicate epithelial cells may be almost killed by excessive cold, and by any of the above-mentioned noxiæ. The normal destruction of epithelial cells in the air vesicles is brought about partly by mere mechanical attrition, after which they are dissolved by the alkali of the blood serum; and thus a certain large quantity of albuminoid matters are cast out of the system daily by all the mucous membranes. According to Frey, decaying epithelia are also of the greatest importance in the formation of mucus; for this fluid does not come from the mucous glands alone, but consists of cast-off epithelial cells, as well as gland cells, and has in it besides, numerous small cells, closely resembling the white blood cells, and those of chyle and lymph. Thus, mucous corpuscles may spring, not only from epithelial cells, but also from those of the blood, connective tissue and lymphatic organs. Hence, we can see how easily contaminated blood cells may convey disease into the air cells themselves. According to Frey, the old idea as to the formation and origin of mucus as being solely the secretion of special glands, can no longer be held; as the proportion of mucus stands only in a certain relation to the frequency or scarcity of these glands. The synovial capsules secrete mucus; yet they have no glands. The greater part of the mucus is formed by the normal alkaline serous fluid of the blood transuding through the capillaries of the mucous membranes, macerating the cast-off epithelial cells, and transforming them into *mucin*, which is merely a physiological transformation product of epithelial tissue. Thus, synovia from the joints not only resembles mucus, but contains 4 parts per 1,000 of mucin, while mucus has 24 parts. But synovia has 25 parts of albumen, while mucus has only 9; and merely 1 part of fat, while mucus has 3; and 10 parts of salts to 8 in mucus. Synovia is an alkaline fluid made from the epithelial cells of the capsule of the joints, and from the lymphoid corpuscles, dissolved in the serum of the blood. In the air cells, each epithelial cell is surrounded by a delicate capillary. An excessive destruction or shedding of epithelial cells leaves the surface of the air vesicles bare and raw, as if the epidermis of the skin had all been peeled off, and the true skin left naked and exposed. Irritation and inflammation must follow.

Pneumonia differs from most other inflammations in that the capillaries going to the air cells, viz: those of the pulmonary arteries, convey venous and impure blood. In all other parts of the body the impure venous blood is being carried away from the tissues as rapidly as possible, and it is only wonderful that septic and dyscratic pneumonias, frequent as they are, are not more common.

We can now easily understand how even robust persons, with antecedent but apparently slight derangements of the functions of the liver, kidneys and skin, may easily become subjects of pneumonia. This will be doubly the case with those who are constitutionally feeble, or suffering from any lowering chronic or acute disease, as well as during convalescence from the latter, before all the depurating processes from the blood, by means of the liver, skin and kidneys have been completed.

I always prefer in acute diseases to have at least one thorough and early clearance of the whole digestive tract of its partially spoiled contents, and have not been very particular as to the laxative used, although I often give a combination of aloes, colocynth and colchicum. Thus, the small and large bowels are acted upon, and the liver and kidneys are stimulated to increased excretion; for I believe that the first two remedies act upon the liver, while colchicum produces an elimination of the urates and lithates. If it were not for the prejudices against it, a single efficient dose of calomel, as preferred by my distinguished friend, Dr. Leaming, might more often be used for the same purpose, and possibly more efficiently. But the so-called *White's pill* (composed of 1 grain each of calomel, aloes, colchicum and ipecac) is a very safe and effectual remedy. When this preparatory treatment can be used, I think the onset of the attack of pneumonia is much moderated, and the tendency of it to invade new localities is greatly prevented. We will then have nothing but the local inflammation to deal with, for which I think *alkalies*, aided, perhaps, by some arterial sedative, are the best remedies.

I was always strongly inclined to believe in the rheumatic nature and origin of many pneumonias, but am now partially willing to admit the lithæmic and uræmic character of them, as laid down by Murchison for the former, and as proved by the physiological action of the skin in the excretion of urea, for the latter. The greater prevalence of the uræmic diathesis in some cases may, perhaps, account for the frequent involvement of the kidneys, and the occurrence of albuminuria, although I have generally been inclined to attribute them to the same chilling of the surface, especially of the back and loins, which so often excites pleurisy and pneumonia.

Alkalies not only dissolve fibrin and prevent it from coagulating, but they also correct the acid and lithic condition of the system, which always obtains in all inflammations, and upon which Todd and Murchison place so much stress. They render the expectoration looser and easier, by dissolving the dead epithelium of the air cells and converting it into mucus, and thus relieve the cough more readily and safely than anodynes. They act upon the skin and kidneys, and thus prepare the system for

the final salutary crisis, which should generally take place within seven to ten days. They are also refrigerant, and lower the temperature, and are, I think, as useful in pneumonias and pleurisies, especially those of a marked rheumatic nature, as in acute rheumatism. Dr. Alonzo Clark's favorite remedy of potash and lemon-juice is, perhaps, as good as any, and is certainly very pleasant. The addition of a small quantity of aconite is the best arterial sedative in the first stage; for it not only acts powerfully upon the skin, but reduces the pulse. Still, it weakens the heart more than digitalis, which is most useful in the second stage, as it is not only a heart tonic, but acts markedly upon the kidneys and helps to produce elimination by these organs. Colchicum reduces the pulse quite as decidedly as aconite and digitalis, and acts upon the liver, besides causing the excretion of uric acid. With these three remedies, the skin, liver, kidneys and bowels can be kept gently in action, and the fever and inflammation reduced within due bounds.

The alkalies are also indicated in another danger, which only too often occurs, even in seemingly mild cases, and which, I think, Dr. Flint, who has often called attention to it, has not overrated—that is, heart-clot. We can readily see how it may easily happen. In the first place, the fibrin of the blood is in greater excess in pneumonia than in any other acute disease except acute inflammatory rheumatism. Next, the pulmonary artery is primarily involved, and the terminal branches in the lungs are apt to become obstructed, and even occluded. Fibrin commences to coagulate and be deposited in them, and the coagulæ may even reach back to the right side of the heart. Heart-clot is most apt to occur in cases in which an entire lung is inflamed, and in double pneumonia. In these, says Dr. Flint, the obstruction to the passage of the blood through the lungs, caused by the presence of the exudations in the air cells, involves an over-accumulation of blood, first in the pulmonary artery of the affected lobe or lobes, and finally within the right cavities of the heart. The right ventricle and auricle become enfeebled by the exhaustion caused by the disease, by the now well known degeneration of the heart muscle, produced by the high temperature, and by over-distension. All these causes acting with the great increase of fibrin in the blood, leads to stagnation and coagulation. A dense white clot in the heart sends up or receives down prolongations from the pulmonary artery, and finally passes through the tricuspid orifice into the right auricle, when the heart finally stops. Then, in a case presenting no symptoms which denote imminent danger, a sudden change for the worse takes place. The pulse quickly becomes frequent, feeble and irregular, the respiration is embarrassed, the expression

haggard and anxious, and a newly-developed cardiac murmur may be discoverable, while the pneumonia has not extended nor broken out in any new place.

In such cases, carbonate of ammonia is the best tonic alkali, as it is also in all cases of pneumonia occurring in drunkards and those of very feeble constitution. When the heart commences to fail, nux vomica and ammonia are, perhaps, preferable to quinine and alcoholic stimulants, although there is no reason why all of them should not be used. Even ergot may become preferable to digitalis in pressing cases.

I am now as much opposed to the extreme expectant treatment as I am to the heroic. Skoda's, Dietl's, Bennet's and Todd's so-called expectant treatment are not really such; for five to ten grain doses of nitrate of potash are something; and from four to six or eight drachm doses of the solution of acetate or citrate of potash, or ammonia are also. In the hands of those experienced men, such doses given at the right time were often wonderfully efficacious; and they knew well how to wait until the right moment appeared.

In 1842, I, in common with the great majority of physicians, regarded recovery from a severe attack of pneumonia as a triumph of art; I now regard it as mainly a triumph of nature. Still, as before said, I give the alkalies by preference; then the arterial sedatives; and prefer carbonate of ammonia in the weak, delicate, and also in alcohol cases.

---

CLINICAL LECTURE ON THE DIAGNOSIS OF EXUDATIONS INTO THE CAVITY OF THE TYMPANUM, BY PERCUSSION OF THE SKULL, DETERMINING ALSO THE DENSITY OF THE EXUDATION.—By Dr. R. Hagen, private Docent at the University of Leipsig. Reported for this journal by Dr. A. Strothotte, of St. Louis, Mo.

Dr. Hagen, on presenting this case, made the following introductory remarks:

GENTLEMEN: Following up a number of cases in my private practice, I was induced to employ percussion of the skull in certain examinations, and here I give you my results. If we percuss the skull of a person in the normal condition with the finger or through the pleximeter, a sound will be distinctly heard by the person thus percussed.

If the percussion is applied in the median line of the roof of the head, the sound will be heard in both of the ears alike, at the same time and with the same force, provided, however, that both of the ears are sound and have the same capacity for sound, and moreover that the auditory ducts are unobstructed.

If under the same conditions the percussion is made at a distance from the median line or over the mastoid process, the sound will be heard only on the corresponding side.

The same takes place when the meatus auditorius externus of one side is connected with that of the other side by means of an India-rubber tube.

If into one ear the end of an India-rubber tube is introduced, while the other end is left free, and then the corresponding half of the skull of the mastoid process of that side is percussed, the percussion will be heard louder by the ear armed with the tube than on the other side, even if this side or its mastoid process is percussed. The difference in force of the percussion sound becomes still more distinct, if during the percussion the free end of the India-rubber tube is closed by pressure with the finger; the sound becomes dull and more deep.

If, however, one meatus is closed by the finger, while the other is left open, then on the percussion of the skull, the sound will be heard only or at least more distinctly by the closed ear, even if the other half of the skull opposite the closed ear is percussed, with the exclusion, however, of the mastoid process of that side.

If the mastoid process of the open ear is percussed, the sound will be heard louder, or at least as loud by the open ear, but will be heard in a higher pitch. But, on the other hand, the percussion immediately above the process will be heard only or more distinctly by the closed ear. If one of the auditory ducts is entirely closed with water, and the head brought into a horizontal position, and then percussed, all the phenomena will remain the same as with one ear closed with the finger.

These phenomena, however, assume quite a different aspect, if the drum of the ear is not acted upon from without but from within, *i. e.*, if, for instance, there is a serous exudation present in the cavum tympani. I have not carried my experiments so far as to introduce a few drops of water into the cavum tympani of a healthy person by means of a catheter, to further prove these signs, since my practice furnished sufficient opportunities to study these conditions. Some other practitioners perhaps will feel disposed to try this method with the catheter.

In a considerable number of cases, in which by examining with the reflector (otoscope) the presence of a serous accumulation in one cavum tympani could be ascertained, I have percussed the skull of the patient, who would then inform me that in the diseased ear a peculiar clinking noise was heard, produced by the percussion, and heard only in this ear, even if the mastoid process on the healthy side was directly percussed. The percussion sound was thus transmitted from every part of the head to the affected ear only.

By the trial with a trifurcated India-rubber tube, for an objective examination of the dif-

ference of sound in the healthy and in the diseased ear, we unexpectedly obtained only negative results.

If into an ear thus affected a catheter of Weber-Liel was introduced through the Eustachian tube, and the serous fluid contained in the cavity of the tympanum was sucked into the catheter, then all the phenomena above alluded to would instantly disappear, but they could be instantly reproduced by blowing the fluid back into the cavity of the tympanum. It is hardly necessary to tell you that the patients will immediately inform you of the sudden disappearance of the clinking noise and of the distinct perception of the percussion sound by the diseased ear only, after the paracentesis of the tympanum has been performed and the removal of the effusion into the external auditory duct by the air-douche has been effected.

What the phenomena of percussion will be when both of the tympanic cavities simultaneously contain serous effusions, and whether they bear an important part in regard to diagnosis, I have been unable to learn, as but few such cases came under my notice, and they refer to children, on whose judgment, as you know, we cannot always depend.

On the diagnostic sign by percussion, I always depend, where the absence of the characteristic green-glass-bottle color of the tympanum would make the diagnosis for effusion into the tympanic cavity doubtful, and I feel so confident, that, if I cannot suck out the effusion with the catheter, I do not for a moment hesitate to perform the paracentesis of the membrane of the drum, and thus far I have always been satisfied with the result. Therefore, I feel it my duty to call your attention to this sign in such cases of serous effusion in the tympanic cavity where the tympanum is not sufficiently transparent, and I recommend it as of the highest diagnostic and pathognomonic value. I should not feel justified to present this sign as a pathognomonic symptom, if it occurred in other than serous effusions in the tympanic cavity, but this is not the case, either in mucous or in pus exudations.

On several occasions I have submitted the serous exudation to a microscopic examination, after having obtained it from the tympanic cavity by sucking it into the catheter introduced through the Eustachian tube for that purpose. It contained, besides white blood-corpuscles, epithelial cells, a small quantity of fat and pus-corpuscles, now and then, also, peculiar crystalline bodies, and always one or two bundles of ciliary epithelium, in lively motion for a considerable length of time, presenting a very interesting picture. I am not aware that any observer before this time has seen such ciliæ in motion, that were obtained from the tympanic cavity.—*Medical News and Library.*

**A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.**—Edward Copeman, M. D., F. R. C. P., (*British Medical Journal*), reports having been called in consultation in the case of a lady who was "about six months gone in pregnancy," and was so reduced by almost incessant vomiting that great fears were entertained as to her safety. Having concluded to induce premature delivery, the os was dilated with the finger and an attempt made to rupture the membranes with a telescopic female catheter, (the only instrument at hand), but from flaccidity of the membrane, and the catheter shortening when pressure was made, the attempt was unsuccessful. Deeming it expedient to wait a while before any other measures were used, it was found next morning that there had been no return of the vomiting, and it was determined to let well enough alone. She went on to full time and made a good recovery.

This case made a strong impression on my mind; and I wondered whether the relief to the vomiting, so urgent and threatening to her life, could have been effected by my having dilated the os uteri, and thus removed any undue tension that might be producing sympathetic irritation. It was not long before I was called some distance into the country to consult about another case of vomiting during pregnancy of great urgency, occurring about the second month. The surgeon in attendance had adopted the best acknowledged medical treatment, and had arrived at the conclusion that artificial delivery would be necessary to save her life. With the full recollection of the former case, I examined the uterus, and found some degree of anteversion and the os patent enough to admit the end of my finger. I forthwith dilated it as much as I could, passing my finger all round, removing all puckering and making a smooth edge. She vomited only once slightly after this proceeding, and we left her with the understanding that, if the sickness continued, I should be summoned again in a few days to bring on abortion. This summons never came; but in about a fortnight I had a letter from the husband, stating that his wife began to get better an hour or two after I left, and that the sickness had entirely ceased. I have heard several times since that the patient is going on remarkably well, and I believe she expects to be confined some time this month.

A third opportunity has since offered itself for a trial of this novel (as far as I know) treatment. On the 6th of this month (April, 1875,) I saw, in consultation with a very intelligent country practitioner, a lady in delicate health just entering the eighth month of pregnancy. She was the mother of nine or ten children, and her life was valuable. Generally during early pregnancy, and sometimes for several months together, she had been troubled with vomiting; but during the last three weeks,

the sickness had been almost incessant; she could keep nothing down, and was in a very feeble and emaciated condition. She had moreover a considerable amount of albumen and some pus in the urine, a few casts also; and fears were entertained of there being extensive kidney-disease. There was, however, no dropsy, and our opinion was somewhat modified by the knowledge that the urine does often, during pregnancy in the latter months, contain a good deal of albumen. The patient was so ill, that she would willingly have consented to artificial delivery, if really necessary. I examined the uterus, and, as in the other cases, found it patent, puckered, and dilatable, and I dilated it as much as I could with my finger in the hope that the sickness might cease after such a proceeding. I should say that the usual remedies had been carefully employed without producing the desired effect. A few days after my visit, her husband called upon me to say that his wife had no return of sickness after I left, and was now able to take food without inconvenience, although he still thought her very weak and ill, and feared she would not recover.

On the 23d, I received a very satisfactory letter from the surgeon in attendance, to the following effect: "I am exceedingly glad to tell you that Mrs. — was confined yesterday. I should think it is not more than an eight months' child, still it looks healthy and strong. You may most certainly add her case to the others you related to me. *There never was any urgent sickness after you dilated the os uteri.*"

**ON THE USE OF THE CYANIDES IN ARTICULAR RHEUMATISM.**—Dr. Luton, of Rheims, (*Bulletin Général de Thérap.*, Jan. 15, 1875), although admitting the efficacy of colchicum, and of propylamine and trimethylamine in the treatment of acute rheumatism, points out certain inconveniences attending the employment of these remedies, and advocates the use of the cyanides in the disease in question. He was first induced to employ these salts in a case where he was unable to prescribe opium, and where bromide of potassium had failed. The patient was laboring under cerebral symptoms, and Dr. Luton, wishing to administer medicine without his knowledge, had recourse to the cyanide of zinc, which occurs as an inert powder insoluble in water, and easy of administration in any vehicle. Dr. Luton describes the effect produced as magical, for with ten centigrammes of the cyanide (a centigramme is the one hundredth part of about fifteen English grains) refreshing sleep was obtained on the following night. On the daily continuance of the dose the symptoms disappeared as if by enchantment, and the patient was able to walk in a few days. The case, however, was rather one of gout than rheumatism, and at first Dr.

Luton regarded the cyanide as a specific for the former malady, and employed it successfully in several cases; but a partial want of success in some instances, and failure in others, led him to extend the sphere of his observations and to try the effect of the salt on rheumatism. His success was here complete, and it was the more striking in proportion as the affection was more acute. He gives the history of ten cases, in all of which the success was very remarkable, and in one it was found that the temperature was distinctly reduced under the cyanide.

The use of the cyanides in general has not been hitherto well established in medical practice, with the exception, of course, of prussic acid; although it appears that Prof. Brera, of Padua, employed this acid in several inflammations and in rheumatism. Among the cyanides specially employed by Dr. Luton are the cyanide of zinc and the cyanide of potassium. The first is easily taken in pills or suspended in mucilage; it has no taste or smell, and may be given without the patient's knowledge. It seems to be dissolved in the gastric juice. The doses employed by Dr. Luton varied from five to ten, fifteen, and even twenty centigrammes. The cyanide of potassium might, perhaps, be the preferable drug by reason of its more evident action, but its taste is disagreeable, and the form of pill should be preferred for its administration. Dr. Luton has not exceeded the dose of fifteen centigrammes in the day, and sometimes he has been obliged to reduce the dose owing to the supervention of colic and vertigo. The physiological effects of the cyanides in medical doses are well marked, but in somewhat large doses they produce frontal headache, nausea, a little colic, and sometimes slight diarrhoea; but frequently the stomach is gently stimulated, the appetite is developed, and the digestion is improved. They exercise a certain amount of sedative influence and encourage sleep. In a therapeutical point of view Dr. Luton found that they relieve pain, and also diminish the redness and swelling of the affected parts in rheumatism. The action of the heart and pulse is lowered by their use, as when digitalis is employed, and the urine appears to be influenced in a critical manner, being always turbid when a notable improvement of the system appears. Dr. Luton considers it certain that the cyanides cure acute articular rheumatism in its original form and in its different transformations, and he thinks that they do so by shortening the duration of the disease and diminishing the risks of complications which are peculiar to it. They act rapidly, which is one great recommendation in any drug; the remedy is not disagreeable to take, and it is anodyne.—*British and For. Med. and Chir. Review*, April, 1875.—*Monthly Abstract of Medical Sciences*.

**INJURY OF THE SPINE; TEMPERATURE OF 125°; RECOVERY.**—At a recent meeting of the Clinical Society of London, Mr. J. W. Teale reported the case of an unmarried lady, who fell with a horse while attempting to jump a gate, thereby sustaining a fracture of the fifth and sixth left ribs at about their middle, and an injury to the spine. For some days there was fever, but at the end of a fortnight the temperature was normal. The ribs united readily, but pain and tenderness persisted over the spine, especially at the sixth dorsal vertebra. The lesion was supposed to be inflammation of the spinal ligaments and intervertebral substances, and possibly of the membranes of the cord; but the cord itself was not supposed to be primarily affected, except by pressure of the neighboring inflamed parts, as there was no paralysis of sensation or motion about the legs or sphincters. The accident occurred on September 5, 1874. Up to November 1st, the temperature never exceeded 101°; but on that day began to rise gradually, until it reached, on the 7th, 107°. The respirations were unaffected, and the pulse did not exceed 100. On November 8th the temperature was 108°; on the 11th, 12th and 13th, respectively, it was 111°, 113° and 114°; while on the 14th it was at least 125°, that being the most that the thermometer would register. Five times between that date and December 1st the same extraordinary temperature was reached. During December the temperature never fell below 108°; but early in January, 1875, it began to go down, on the 7th was 104°, and on the 10th, normal. For seven weeks the temperature never fell below 108°, and rarely below 110°. Seven different thermometers were used at various times, four of which were afterwards verified at Kew, and the certificates of their accuracy exhibited at the meeting. The observations were made in the axillæ, between the thighs, and in the rectum, and only differed from each other a few tenths of a degree. The instruments were inspected by two or three trustworthy witnesses before and after each application, and the results were always immediately recorded in writing; in short, every possible source of error seems to have been avoided.

In the discussion which followed, Dr. Farquharson alluded to a case of dislocation of the first dorsal vertebra, and injury to the cord, in which the temperature fell to 82°.

Mr. Hutchinson had seen a case of injury to the cervical spine, with paraplegia, survive until the fifth day, with a temperature never above 94.5°.

Mr. Pridgin Teale had seen the case first reported, in consultation, had measured the temperature when it was 110° and 114°, and thought it clear that we must give up the idea that temperature *per se* was an element of high danger.

Mr. J. W. Teale, in reply to a question, said that the pulse of his patient never exceeded 120, and was usually between 90 and 100. The respirations were never anything but normal, though sometimes excessively feeble.—*Medical Times and Gazette*, March 20, 1875.—*New York Medical Journal*.

**THE YELLOW APPEARANCE OF OBJECTS TO PATIENTS TREATED WITH SANTONINE.**—Prof. Franerschi Giovanni, from some experiments with santonine as to the cause of the yellow color which objects assume in the eyes of certain patients treated by santonine, (*L'Union Médicale du Canada*, May, 1875), maintains that it has no elective action for the optic nerves, and that the santonine only colors the humors of the eye. That the santonine passing, by the circulation, into the eye, comes into contact with the light and is colored yellow.

The author adduces the following facts to support his view. He exposes to the sunlight, at the bottom of a glass, two grains of santonine, in a little while the santonine becomes a chrome yellow. He takes the santonine now on the empty stomach; at the end of four hours, no general sensation; the pupil is neither contracted nor dilated, vision is perfect, no trace of shade or spot in the field of vision even reading. The urine presents no abnormal discoloration. What then has become of the elective action of santonine for the optic nerve? It does not manifest itself, the author says, because I made it assume the yellow color before ingestion. The next day, to prove the other side, the author took two grains of entirely white santonine, just as it exists in the drug stores. At the end of an hour he sees yellow, green and dark everywhere. This phenomenon lasts for two hours, during which time the pupil remained dilated. He experienced neither heaviness in the head, malaise nor nervous shock; as for the urine, after micturition, it was clear and white, and in a little while assumed in the vessel a yellow and decided greenish color.

To resume, the action of santonine upon the visual apparatus is simply a coloring action; but since this substance colors deeply, so as to produce such visual disturbances in the eye as to alter the light, it would be wise to avoid this sort of eclipse lest the eyes may suffer.

This is easily done in two ways; first by giving santonine that has been exposed to the sun and assumed the yellow color, second, not to take it during the day, only at night. In this way, then, will be produced neither spots nor appearances before the eye, and the vision will not be compromised.—*The Clinic*.

**VARICES TREATED BY THE LOCAL USE OF PERCHLORIDE OF IRON.**—Dr. Linton (*London Lancet*) has for three years successfully treated

varices by the local use of perchloride of iron. The solution used is two and a half drachms to eight ounces of water. Compresses of flannel are wrung out in the water and applied by means of flannel bandages, moderately tightened. This is to be renewed every twenty-four hours, and continued for eight days. After this it is renewed only as it becomes dry. From the first application, improvement is evident, and generally a cure is complete in two or three weeks. That the iron, and not the compression, was the curative agent, the doctor proved by applying similar bandages without iron. No good result followed. The local action of thermal waters containing magnesia is similar to that of the iron upon the skin.—*Detroit Review*.

**NEW OPERATION FOR THE CURE OF VARICOSE VEINS OF THE LEG.**—Dr. John Marshall (*London Lancet*, April, 1875) has devised a new method for successfully treating varicose veins. After marking the course of the vein with ink, and anæsthetizing his patient, he empties the vein and all the other veins of the leg by Es-march's bandage. The vein is now ligatured at either end of the marked portion, and this part slit through its entire length and removed entirely. The operation is performed by the ordinary antiseptic method, and is perfectly successful.—*Detroit Review*.

**ARSENIC IN GASTRIC AFFECTIONS.**—Dr. C. Durselen (*Detroit Review*) relates having relieved two cases of gastralgia, occurring invariably and immediately after the ingestion of food, especially such as forms a tough mass when mixed with water, by the administration of small doses of Fowler's solution of arsenic. In one of the cases the dyspepsia had been present for two years. The second case was of shorter duration. Under the arsenic treatment the gastralgia disappeared in less than a week.

**CHINESE METHODS OF INOCULATION OF COW-POX.**—(*Medical and Surgical Reporter*):

1. The pulverized virus is blown through a silver tube into the right nostril, if the patient be a boy, and into the left one in case of a girl.

2. A second and more modern method consists in dissolving the dry virus in four or five drops of clear water. This is then taken up in a little cotton and thrust into the right or left nostril according to sex, as above stated.

3. Fresh virus from a healthy child is applied on cotton, as described in No. 2.

DR. S. D. SEELYE, of Montgomery, Ala., has offered a prize of \$100 for the best essay on Bright's Disease. Competition to be open to the whole country, the award to be made by a committee of the State Association.



# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - July, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDEE, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### CONSERVATIVE MEDICINE.

Every true lover of his profession can but observe, with regret and alarm, the tendency displayed in certain quarters toward a return to modes of theory and practice which we had hoped were too utterly exploded ever to be revived. We refer more especially to the appeals made by men high in position and reputation for antiphlogistic measures in combating disease, as being in every way worthy of our confidence, and as invaluable measures too long laid aside in obedience to the whim of an ephemeral fashion.

It may be, as has been suggested to us, that the subject is not worth the consideration we are disposed to give it; that in this noon-day of scientific research, with the disastrous past behind us, no well grounded apprehension need be entertained of a reversion to thoroughly demonstrated pernicious practices; but, nevertheless, while we are morally sure that such addresses as the famous one at Louisville can do, at the best, but temporary mischief, still our desire remains the same, to solemnly protest, in the name of an enlightened profession, against such unjust misrepresentation. At this juncture in medical thought, we think our readers will thank us for laying before them an epitome of the conclusions arrived at by Sir John Forbes, the distinguished Edinburgh professor, in what he regarded as the true basis of medical practice. It must be remembered that Forbes enunciated these views in the heyday of antiphlogistic treatment, and bearing this in mind, we cannot but admire his

genius and boldness; for these thoughts, given to the world near the close of a long and illustrious life, but reflect the sentiments and experiences of every thoughtful student of the present day:

1. To endeavor to ascertain, much more precisely than has been done hitherto, the natural course and event of diseases, when uninterrupted by artificial interference; in other words, to attempt to establish a true natural history of human diseases.

2. To reconsider and study afresh the physiological and curative effects of all our therapeutic agents, with a view to obtain more positive results than we now possess.

3. To endeavor to establish, as far as is practicable, what diseases are curable and what are not; what are capable of receiving benefit from medical treatment and what are not; what treatment is the best, the safest, the most agreeable; when it is proper to administer medicine, and when to refrain from administering it; &c., &c.

4. To endeavor to introduce a more philosophical and accurate view of the relations of remedies to the animal economy and to diseases, so as to dissociate in the minds of practitioners the notions of *post hoc* and *propter hoc*.

The general adoption by practitioners in recording their experience, of the system known by the name of the *Numerical Method*, is essential to the attainment of the ends proposed in the preceding paragraphs, as well as in many that are to follow.

5. To endeavor to banish from the treatment of acute and dangerous diseases, at least, the ancient axiom, *melius anceps remedium quam nullum*, and to substitute in its place the safer and wiser dogma—that where we are not certain of an indication, we should give nature the best chance of doing the work herself, by leaving her operations undisturbed by those of art.

6. To endeavor to substitute for the monstrous system of Polypharmacy now universally prevalent, one that is, at least, vastly more simple, more intelligible, more agreeable, and, it may be hoped, one more rational, more scientific, more certain, and more beneficial.

7. To direct redoubled attention to hygiene, public and private, with the view of preventing diseases on the large scale, and individually in our sphere of practice. Here the surest and most glorious triumphs of medical science are achieving and to be achieved.

8. To inculcate generally a milder and less energetic mode of practice, both in acute and chronic diseases; to encourage the Expectant preferably to the Heroic system—at least where the indications of treatment are not manifest.

9. To discountenance all active and powerful medication in the acute exanthemata and



fevers of specific type, as small-pox, measles, scarlatina, typhus, &c., until we obtain some evidence that the course of these diseases can be beneficially modified by remedies.

10. To discountenance, as much as possible, and eschew the habitual use (without any sufficient reason) of certain powerful medicines in large doses, in a multitude of different diseases, a practice now generally prevalent and fraught with the most baneful consequences.

This is one of the besetting sins of English practice, and originates partly in false theory, and partly in the desire to see manifest and strong effects resulting from the action of medicines. Mercury, iodine, colchicum, antimony, also purgatives in general and blood-letting, are frightfully misused in this manner.

11. To encourage the administration of simple, feeble, or altogether powerless, non-perturbing medicines, in all cases in which drugs are prescribed *pro forma*, for the satisfaction of the patient's mind, and not with the view of producing any direct remedial effect.

12. To make every effort not merely to destroy the prevalent system of giving a vast quantity and variety of unnecessary and useless drugs, (to say the least of them), but to encourage extreme simplicity in the prescription of medicines that seem to be requisite.

Our system is here greatly and radically wrong. Our officinal formulæ are already most absurdly and mischievously complex, and our fashion is to double and redouble the existing complexities. This system is a most serious impediment in the way of ascertaining the precise and peculiar powers (if any) of the individual drugs, and thus interferes, in the most important manner, with the progress of therapeutics.

16. To teach teachers to teach the rising generation of medical men, that it is infinitely more *practical* to be master of the elements of the medical science, and to know diseases thoroughly, than to know by rote a farrago of receipts, or to be aware that certain doctors, of old or of recent times, have said that certain medicines are good for certain diseases.

17. Also to teach students that no systematic or theoretical classification of diseases, or of therapeutic agents ever yet promulgated, is true, or anything like the truth, and that none can be adopted as a safe guide in practice. It is, however, well that these systems should be known; as most of them involve some pathological truths, and have left some practical good behind them.

20. Lastly, and above all, to bring up the medical mind to the standard necessary for studying, comprehending, appreciating, and exercising the most complex and difficult of the arts that are based on a scientific foundation—the art of Practical Medicine. And this can only be done by elevating, in a ten-

fold degree, the preliminary and fundamental education of the medical practitioner.

Such are a few of the labors in store for our young Hercules of physic; a few samples of the varied contents of the stable he is called upon to cleanse; and a few pailsfull, it may be, of the veritable Alpheian he is to work withal:

"Mox in ovilia  
Demisit hostem vividus impetus;  
Nunc in reluctantes dracones  
Egit amor—"

H.

### MORTALITY IN OUR ARMY.

The mortality among the troops composing the United States Army during the last four years is such as to demand thorough reform in its sanitary regulations. The medical examination of recruits is carefully made, and there is no question but that the standard of health and physical perfection of enlisted men on entering the service is considerably above the average for those of a like age in the civil walks of life. These *picked* men have their food, clothing, habitations, occupations, etc., prescribed, and yet, in the absence of any epidemic or serious endemic diseases, we have, setting aside deaths from wounds, accidents and injuries occurring in the army, and a corresponding number of equal age in civil life, a ratio of mortality per 1,000 of 12.375 among enlisted men to compare with one of 6.357 as that of civilians, as will appear from the following:

The mean strength of our army from June 1st, 1870, to June 1st, 1874, was 28,518; average ratio of deaths per 1,000, 17.375; average ratio of deaths from wounds, accidents and injuries per 1,000, 5. The mean strength of the United States in males from twenty to forty years of age, according to vital statistics, Ninth Census, Table XXIII, was 5,804,616; average ratio of deaths per 1,000, 7.395; average number of deaths from wounds, accidents and injuries per 1,000, 1.038.

It appears from the recent report on the hygiene of the United States Army, by Surgeon General J. K. Barnes, that there is deficient ventilation in many, if not most, of the barracks.

He remarks that, "It is no exaggeration to say that the service loses by death and discharge on account of over-crowded and badly

ventilated barracks and guard-houses, about 100 men every year."

During the last four years the service has lost from consumption and diseases of the respiratory organs, among the white troops, at the rate of 8.157 per 1,000, and among the colored troops the ratio of loss from the same causes has been 8.890 per 1,000. A portion of this loss was caused by death and a portion by discharge. The actual loss by death from the diseases above mentioned among the white troops being 2.934 per 1,000, and among the colored troops 5.632 per 1,000.

The following extract from a special report by Assistant Surgeon Chas. Smart, U. S. A., on the ventilation of the buildings at Fort Bridger, shows the condition of the air in the sleeping rooms of Co. B, Fourth Infantry, during March, 1874:

Hour of observation, 4:45 a. m.

Available capacity of room in cubic feet, 9,153.

Number of men, 20.

Air space per man, 458 cubic feet.

Air operated on cubic centimetres, 7,994.

Temperature of room, Fahrenheit, 60°.

External temperature, 3°.

Wind, calm.

Milligrammes carbonic acid in the air operated on, 17.7048.

Volumes carbonic acid in 10,000 of the air of room at 62° Fahrenheit, 11.8497.

Volumes carbonic acid in 10,000 in external air at 62°, 4.0164.

Carbonic impurity, 7.8333.

Hourly ventilation per man, cubic feet, 454.

Hourly ventilation of room in parts of its capacity, 992.

Ventilation, in minutes, required for admission of a volume of air equal to capacity of room, 68.0.

Excess of moisture of internal over external air, grains per cubic foot, 2.24.

Organic matter in grains, permanganate, 6,666 liters of air, .00140.

S.

At a recent meeting of the St. Louis Bar Association, a resolution was introduced looking toward the institution of legal proceedings disbarring several members of their profession in this city. It appears that certain individuals had been guilty of irregular and un-

professional practices, which the Bar Association, as the proper conservators of legal honor and dignity, considered in the highest degree reprehensible and worthy of punishment. Thus, it will be seen, that one of the learned professions, at least, has, in their own hands, the power to purge their ranks from the noxious and impure. But we, with far mightier interests at stake, are powerless under similar circumstances; we must remain mute and inactive while the ignorant and, perhaps, criminal charlatan feeds upon the lives and purses of a credulous public. We have no legal remedy against these things, and, at best, our only appeal is to our own inefficient associations; and then we are only enabled to reach those properly within our ranks, and such chastisement, in the majority of instances, proves unavailing and abortive. What we most sorely need is the ability to rebuke wrongdoing and punish crime in an authoritative way; but from the very nature of things this will always remain an impossibility. Men will act upon the dictates of a sound judgment in all the other concerns of life, but in everything appertaining to medical matters they are as credulous as children and ignorant as savages. Consequently we can never hope for redress through the public, although they are, after all, the more deeply interested parties. The arrant quack is never better satisfied than when he is censured by the regular faculty; for then he raises the cry of persecution, the sympathies of the laity are aroused, and the road to fortune is open. Our legal friends have an incalculable advantage over us in dealing with men who disgrace their calling; and we rejoice that it is so; but we can only patiently wait for the day, if it ever should come, when a like privilege shall be ours.

H.

WE publish in this number an article from the pen of that veteran lecturer, Dr. M. M. Pallen, formerly Professor of Obstetrics and Gynecology in the St. Louis Medical College. He will continue his papers in each number of this journal.

DR. GEORGE H. BIXBY, of Boston, Mass., respectfully solicits from those members of the profession who have performed ovariectomy, their experience in regard to pregnancy occurring after that operation.

## Book Notices and Reviews.

### CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

Edited by Dr. H. von Ziemssen, Professor of Clinical Medicine, Munich, Bavaria, Vol. II, Acute Infectious Diseases, by Professor Thomas, of Leipzig; Drs. Curschman and Zuelzer, of Berlin; Professor Hertz, of Amsterdam, and Professor Ziemssen, of Munich. Translated by James C. White, M. D., and Edward Wigglesworth, jr., M. D., of Boston; Edward W. Schauffler, M. D., of Kansas City, and A. Brayton Ball, M. D., J. Haven Emerson, M. D., George H. Fox, M. D., Edward Frankel, M. D., and John C. Jay, jr., M. D., New York. Albert H. Buck, M. D., of New York, editor of American edition. Royal 8vo., pp. xii., 751. New York: Wm. Wood & Co., 1875.

The second volume of *The Cyclopædia of the Practice of Medicine* has now appeared. The consideration of acute infectious diseases is continued in this volume.

From the biographical sketches of the authors of this volume, given by Professor von Ziemssen, it appears that Professor Louis Thomas is but thirty-seven, Dr. Curschman twenty-nine, Dr. Zuelzer thirty-eight, and Professor Hertz forty-three years old, but their respective portions in the book gives evidence of merit that places them in the foremost rank of didactic teachers.

The excellent handiwork of the publishers, William Wood & Co., is conspicuous, and we congratulate them for giving to the profession, in the *Cyclopædia*, a work at once extremely valuable, attractive in appearance and free from typographical errors.

The diseases treated of in this volume are varicella, measles, rubella, scarlet fever, small-pox, erysipelas, millary fever, dengue, influenza, hay fever, malarial diseases, and epidemic cerebro-spinal meningitis."

The subjects under consideration are discussed at length and the volume is complete in itself in regard to diseases treated, and rendered doubly useful by the copious index with which it closes. When completed this work will unquestionably be the most valuable one for medical reference in our language.

The article on scarlatina, by Professor Louis Thomas, is quite exhaustive, covering one hundred and sixty-six pages. In speaking of nephritis occurring in scarlatina, he takes exceptions to the views advocated by Steiner in his recent work on *Children's Diseases*, as appears in the following extract:

"Steiner found, as a result, he says, of numerous careful observations, that in scarlatinal patients who died early, there was always more or less hyperæmia of the kidneys, and that in other cases, besides the hyperæmia of

the kidneys, there was a catarrh of the renal tubules to such an extent as to present the signs of diffuse nephritis in its various stages, in one form or the other the kidneys were always diseased. In the children who died of scarlatina on the second or third day, and those whose kidneys were found to be hyperæmic and enlarged, with cloudiness of the epithelium of the renal tubules, the urine, so Steiner states, gave no evidence during life of kidney disease. In another place he expresses the opinion that in the slight catarrhal affection of the renal tubules, which remains as a mere catarrh without progressing to its further development, the urine is either normal or contains merely traces of albumen and desquamated epithelium; while the diffuse catarrhal form of the disease manifests itself at an early period by larger quantities of albumen and epithelium. A catarrh of the renal tubules which reaches this extent generally terminates sooner or later (as a rule, between the thirteenth and twenty-first days of the disease) in "Morbus Brightii" (croupous or parenchymatous nephritis); the urine is not only diminished in quantity, but contains albumen, desquamated epithelium, fibrine from the blood, and disintegrated casts, the quantity of these ingredients varying with the extent of the parachyma involved. The development of the nephritis out of the catarrh of the renal tubules, resulting partly from mechanical obstruction, by means of the abundant desquamation of epithelium and the consequent stasis of the blood in the kidneys, coincides generally with the desquamation of the epidermis; and this fact has led to the erroneous opinion that the affection of the kidneys is a complication of the stage of disquamation, whereas the careful, early examination of the urine shows that this is not the case. Croupous nephritis, in rare instances, may arise suddenly, without being preceded or ushered in, by a catarrh, and is then generally fatal. In regard to this question of the development of parenchymatous nephritis, I wish to again call attention to the fact, that in normal cases up to from the thirteenth to the twenty-first day, the proofs of the existence of a renal catarrh is generally obtained only accidentally, and that in the absence of morbid signs on the part of the urine, it is probable that there is no catarrh, but merely a partial derangement so trifling as not to present any symptoms. Even in severe cases, as long as the affection runs a normal course the symptoms which, during the eruption and height of the fever, indicate a renal catarrh, usually disappear entirely when the severe symptoms of the disease subside, and they may disappear also when renal symptoms due to parenchymatous nephritis arise between the thirteenth and twenty-first days.

This explanation of the origin and genesis of parenchymatous nephritis in scarlet fever,

however interesting it may be, is not entirely satisfactory; and from the mere fact of the existence of insignificant changes in the urine, such as the small amount of albumen and desquamated epithelium, which are often seen at the outset of severe cases, whether normal or abnormal, we are not justified in concluding that they are due to specificness of the disease, and not rather to the fever.

It is a matter of common observation, that in other infectious diseases, as well as in those which are non-specific, such changes are undoubtedly produced by the febrile condition. It is probably safe, therefore, to infer that many of the lesions of the kidney occurring in rapidly fatal abnormal cases with symptoms of intense fever, are the result of the fever, and not of the scarlatina."

\* \* \* \* \*

"It is thus apparent that the relation of the catarrh of the renal tubules to scarlet fever is quite different from that of the bronchial catarrh of measles."

Zuelzer, in his article on erysipelas, occupies sixty-four pages. He inclines strongly to the opinion of Trousseau. Erysipelas is universally of traumatic, local origin, that it is contagious both by contact and by means of the atmosphere. As regards that much debated question, viz: the relation of erysipelas to puerperal fever, the author is certainly non-committal. The following is all that he says on the subject:

"Erysipelas puerperal, too, which was formerly described as an affection especially to be dreaded, has nothing specific. Many cases described under this name, like those of Oslander and Ratzious, correspond to the erysipelas malignum puerperalis, described by Virchow,\* as the result of ichorrhæmia, which he himself considers as a phlegmonous inflammation, which extends after the manner of erysipelas. True erysipelas is not very common in child-bed, and in lying-in women otherwise healthy, it is without serious import.

Its starting points, according to numerous observations (Hervieux, Doublet, Cornil, and others) seem to be here, as in idiopathic erysipelas, various injuries, rents in the vagina, bruises of the vulva, eczema of the nose, an angina, and so forth. S.

**ANESTHETICS IN LABOR.** By S. S. Todd, M. D., Professor of Obstetrics and Diseases of Women in the Kansas City College of Physicians and Surgeons; Late President and honorary member of the Medical Association of the State of Missouri, etc. Reprinted from the Transactions of the Medical Association of the State of Missouri for 1875.

**AMERICAN CLINICAL LECTURES**, edited by E. C. Seguin, M. D., Vol. I, No. IV. Rest in

the Treatment of Nervous Diseases. New York: G. P. Putnam's Sons, 1875. For sale by Gray, Baker & Co., St. Louis.

**THE HUMAN EAR, ITS ANATOMY AND FORMATION.** By Charles A. Todd, M. D., Surgeon Diseases of the Ear and Throat, St. John's Hospital, etc. St. Louis, Mo., 1875.

**Transactions of the Ninth Annual Meeting of the Medical Association of the State of Missouri**, held at Jefferson City, Mo., April 20th and 21st, 1875.

**ANÆSTHESIA AND ANÆSTHETICS.** By J. W. Trader, Sedalia, Mo.. Reprinted from the Transactions of the Medical Association of the State of Missouri for 1875.

## Miscellaneous Notes.

THE latest disease is "telegraph clerk's cramp."

THE New Jersey Medical Society was formed at New Brunswick in 1776, and has maintained a continuous organization to this day.

THERE seems to be an epidemic of hydrophobia in Finland and Denmark. Horses and other animals, as well as dogs, are affected.

IN the obituary record of the *Medical and Surgical Reporter*, we note the deaths of four physicians at the great ages, respectively, of 74, 76, 84 and 85 years.

M. HAYDACK (*Gazette de Pharmacologie*) says that hydrochloric acid and pewter acting on nitrobroacetanilide produce hydrochloride of ethenylbromophenylenediamite.

ACCORDING to the *Gazette Medicale* a piece of charcoal laid upon a burn will immediately relieve the pain, and by allowing the charcoal to remain on one hour the burn will be healed (?).

DR. EDWARD B. STEVENS, late editor of the *Cincinnati Lancet*, announces a new medical publication, the *Central New York Journal of Medicine and Surgery*, of which the first number will appear this month.

**SYPHILITIC GHOSTS.**—A correspondent of the *British Medical Journal*, writing from Vienna, reports Prof. Zeissl as saying at his clinic: "Some think, when a patient has for some time enjoyed immunity from manifestations of syphilis, that he is cured; but I tell you, gentlemen, that if a man contract syphilis he will die syphilitic, and at the day of judgment his ghost will have syphilis!"—*N. Y. Journal*.

\* Virchow's Arch., XXIII.

**DR. A. B. LYONS**, of the *Detroit Review*, is making some interesting analyses of proprietary medicines, which on some future occasion we shall take great pleasure in publishing, as they expose the shams in a very thorough manner.

**DR. M. A. Pallen**, formerly of St. Louis, has been made full Professor Gynecology in the Medical Department of the University of New York. He has also received the appointment of one of the physicians to the large charity Hospital.

**DR. WM. K. BOWLING**, late President of the American Medical Association, has retired from the editorial management of the *Nashville Journal of Medicine and Surgery*, after a quarter of a century of brilliant and successful labor in its behalf.

**EXECUTION OF AN ABORTIONIST.**—Alfred Heap, who was convicted of the murder of a young woman at Manchester, England, by an unsuccessful attempt to procure abortion, was executed at Liverpool on the 19th of April.—*News and Library*.

**PROF. ALFRED C. POST** has resigned the chair of surgery in University Medical College of New York. Prof. John T. Darby, from Medical Department of University of South Carolina, has been appointed to fill the vacancy.—*Detroit Review*.

**THE New Orleans Medical and Surgical Journal** has been transferred from Dr. Bemiss to Drs. Seymour and Stevens. The *Psychological Journal* has made another change. Dr. Hammond has resigned the position of editor, and has been succeeded by Dr. A. McLane Hamilton, who intends making the journal quarterly instead of monthly.

**THE WEIGHT OF VOLTA'S BRAIN.**—The remains of the celebrated Italian philosopher, Volta, who died in 1827, were recently exhumed in Como, and deposited with imposing ceremonies in a splendid mausoleum which had been prepared for them. A careful scientific examination of the cranium was made, and it was estimated that the weight of the brain must have been 2,055 grammes. That of Cuvier, among the heaviest recorded, was only 1,829 grammes.—*N. Y. Journal*.

**PHYSIOLOGICAL EXPERIMENTS UPON THE HUMAN CORPSE.**—The experiments made by Drs. Keen and Seiler upon the body of Heidenblut, immediately after its removal from the gallows, showed that the internal intercostals are muscles of inspiration, and the external intercostals muscles of expiration; the former lifting the ribs, the latter depressing them. In testing the facial muscles, it was also shown that

the pyramidalis nasi is a direct antagonist to the occipito-frontalis—*Nashville Medical and Surgical Journal*.

**TRUE HOMŒOPATHY.**—In a report of clinical cases by Dr. L. W. Berridge, *American Journal of Homœopathic Materia Medica*, January, 1875, the following appears:

“Case V.—Mr. —, for four years, has had pedunculated wart on left neck; for last few days it has become red around and increased in size; smarts at times; when touched it pricks and is very tender. *Lycopod.* 2,000, (Bœricke) one dose, wart fell off during next night, to his great astonishment and was quite well in the morning.”

**CARBOLIC ACID AS AN ANTIPHLOGISTIC.**—Hagén (*Aerzt. Intellig. Bl.*) reports several cases of phlegmonous inflammation of the hand, croupous laryngitis, and croupous pneumonia, which he has cured by injections of a solution of carbolic acid in the proportion of 2.100 (one to two syringesful daily in adults, and half a syringeful in children). Even after the first injection the fever, pain, and swelling, were greatly modified. The injections were always made in the vicinity of the affected part. Kunge likewise reports happy results from this treatment in acute articular rheumatism and pneumonia.—*Med.-Chir. Centralblatt*, 47, 1874.—*N. Y. Med. Jour.*

**DR. GROSS** says few persons are aware that medicine is a great study, requiring a high order of intellect, vast research and incessant training for its successful practice. Many persons look upon us as if we were so many mechanics, artisans or tradesmen, forgetting that it takes brains to make a doctor.

Essential conditions for the proper study of medicine are given by the same eminent teacher as follows: The prospective medical student must be—first, a gentleman; second, the possessor of a respectable amount of brains; third, the master of a good English education, and a fair knowledge of Latin and Greek.—*Detroit Review*.

**SLOW BUT SURE.**—In the *United States Medical Investigator*, (Homœopathic), S. B. Higgins prescribes for a case as follows:

“Case ij should be treated *silicea* 50,000, two doses at intervals of a week and placebos for sixty days. This is a slow treatment, but it will reward any one who learns to wait. Such a potency, in most cases, does not develop its full action in less time.”

We presume the writer means that “sixty days” of placeboic treatment will replenish the patient's (?) purse, and we heartily concur in the statement that “this is a slow treatment,” for the patient gets just 9 32-37 doses a year.

**EXTRUSION OF A DEW WORM FROM THE VAGINA.**—J. A. Waldenström reports in the *Upsala lakareforen. forhand.* the case of an old woman who had long suffered from cancer of the breast and rheumatoid deformans, and who had for a year been tormented by a peculiar itching of the sexual organs. The itching ceased immediately after the extrusion of a worm (*lumbricus communis*, var. *cyanus*) 100 millimetres in length, from the vagina. The worm, on close examination, resembled the ordinary earthworm, with the exception that it was somewhat lighter, more transparent, and there were four instead of two elevations on the under side. This worm lived for a whole month in water, while the ordinary earthworm dies after an exposure of half a day in water.—*Nordiskt. Med. Archiv.*, Vol. VI., No. 3.—*N. Y. Journal*.

**ANÆSTHESIA DURING SLEEP.**—J. Schenck, M. D., of Mount Carmel, Ill., relates the following case, in the *Medic. Examiner* of April 15th:

"April 28, 1873, was called to see J. W., a rugged-framed but anæmic boy of five years. Examination revealed a large polypus of the vesicular variety in the left naris. Upon making an attempt to extract it, he became so badly frightened that I had to desist. Called the next morning at six o'clock, and found him asleep. I rolled a handkerchief into the shape of a bird's nest, in which I poured about one drachm of chloroform; this was at first held about six inches from the mouth, and gradually brought nearer until total anæsthesia was produced. I now extracted the polypus, and did not even appear to disturb the child in his sleep."—*N. Y. Journal*.

THE *New York Nation* says: Two recent appointments in the University of Zürich seem to merit notice, as signs of the times. One is that of Professor W. Wundt to the chair of philosophy, the other that of Professor E. Hitzig to the chair of psychology. Wundt has long been engaged at Heidelberg, first as assistant, then as "ordinary" professor of physiology, whilst Hitzig has been a medical practitioner and lecturer on electro-therapeutics in Berlin. So far as we know, the latter has written nothing on purely mental science. His discovery of the irritability of the surface of the brain is his chief title to fame; all that he has written shows erudition, great experimental thoroughness, and conscientiousness in drawing inferences. Wundt is one of the most learned of German investigators. His own special work has lain in the senses and nervous system.

**A SINGULAR OBSTETRIC CUSTOM.**—According to a correspondent of the *Lancet*, the following custom "prevails largely in Yorkshire:—

The patient is confined with her clothes on, all her clothes (except, perhaps, her bonnet and shawl)—boots, stockings, drawers, petticoats, stays, dress, and the rest. If labor happens to set in when the woman is undressed in bed, the first rush on the part of herself and friends is to get her clothes on. She then usually lies down on the under mattress, the upper mattress being turned over out of the way, and the labor goes on to its termination. When the placenta comes away, the woman, without any further delay, is "got into bed," as it is called. This process consists in her getting up and standing on the floor, or sitting in a chair, while her clothes are taken off, a clean night-dress put on, and the bed made, when she mounts into it as if nothing particular had occurred.—*N. Y. Journal*.

**NEW AIDS TO DIAGNOSIS.**—At Rome a conference of the medical clinic of the University was held on the 18th of April to hear Dr. Collingues explain the mechanism and working of three new instruments devised by him, and entitled the pneumoscope, the dynamoscope, and the byoscope, which promise to be of considerable use in the practice of medicine. With the pneumoscope are produced artificially all the abnormal murmurs proceeding from the respiratory organs in a state of disease; with the dynamoscope may be determined the scale of all the sounds which are made at the digital extremities by the continuous movement of the tissues; while the bioscope registers with precision the heat, the electricity, and the functional activity of the skin. Prof. Baccelli and others of the medical faculty of Rome express themselves highly pleased with Dr. Collingues' inventions, which will soon be made known to the professional world.—*Lancet*.—*Med. News and Library*.

**EFFICIENCY OF MINERAL WATER IN REDUCING AND ADDING FAT.**—Perlet, the well-known actor, whose leanness is described as "something phenomenal," naturally desiring to get "some flesh on his bones," a well-known physician of Paris advised him to go to one of the bathing places in the Pyrenees. Perlet accordingly went off to the prescribed locality, where he drank and bathed with the utmost zeal and perseverance. But neither drinking nor bathing seemed to have any effect upon him, and he remained just as much a skeleton as before. "Patience!" urged the local doctor, in reply to his expressions of disappointment; "there is nothing like the water of our springs for making people fat!" Soon after Perlet was patiently soaking himself in a bath, and heard a colloquy in the bathing cabinet next his own between the local Æsculapius and a lady of enormous obesity. "Doctor," remarked the lady, "I am really losing heart and patience." "Why so?" inquired the doctor. "Because,

though I have been taking these waters regularly for two months, I am not an ounce lighter?" "Patience, madam!" said the doctor, in his most persuasive tones, "*there is nothing like the water of our springs for making people thin!*"—*The Doctor*, June 1, '75.—*The Clinic*.

**SUPERIOR COD-LIVER OIL MIXTURE.**—Dr. Andrews, of the State Lunatic Asylum at Utica, has given a formula for preparing cod-liver oil which disguises its terrible taste, and places a valuable agent at our command in almost every case.

The chief objection to it is the fact that it is difficult to get the druggist to prepare it in the proper manner, because it requires so much time. When thoroughly prepared it will keep well for a long while.

#### FORMULA.

Yolk of eggs.....	No. iv.
Glycerine .....	3 i.
Cod-liver oil.....	3 iv.
Phosphoric acid, dilute.....	3 ss.
Sherry wine.....	3 ij.
Essence of almonds.....	3 i.

The eggs and glycerine are first to be carefully triturated in a mortar, and while the trituration is continued add the oil, drop by drop. When this is done, the acid, wine, and essence may be added. The above is not the precise formula used at the Asylum, but it is essentially the same. The manner of making the emulsion is the important feature. The amount of phosphorus can be varied to suit different cases, or other remedies may be added, such as arsenic, etc.—*Medical Record*.

At the recent primary or anatomical and physiological examination for the diploma of membership of the Royal College of Surgeons of England, fifty-six out of the hundred and seventy-six candidates were "plucked." From one large school, fourteen were referred to their studies, and some of the smaller schools were no better off. This is a matter which concerns both teachers and students. There is, we imagine, not much to be said against the trustworthiness of the examinations at the College as tests; for a great deal of pains has been expended in bringing these examinations into more complete harmony with the modern methods of teaching and subjects of instruction. The badness of the examinations was at one time the common explanation of the defects of the candidates. They would pass a modern style of examination, it was alleged, but could not be expected to retail eighteenth century knowledge to octogenarian examiners in the nineteenth. Hitting high seems, however, to be even more painful than the old method of hitting low. The probable infer-

ence is, that there are too many tender places in the examined.—*Brit. Med. Journal*, May 8, 1875.—*Med. News and Library*.

**QUACK MEDICINES AND RELIGIOUS JOURNALS.**—*The Working Church*, of which the Rev. Stephen H. Tyng is editor, gives the following severe rebuke to those religious papers which are in the habit of inserting, for sordid reasons, quack advertisements in their columns:

A prominent religious journal defends its practice of advertising patent medicines on the assumption that such preparations "have done more good and less harm than the total prescriptions of all the doctors in the world."

This assumption no one has the means of verifying. But if it were true, it would afford that journal no justification whatever. It is not responsible for the total prescriptions of all the doctors in the world. It is responsible for making itself an agent for the sale of patent medicines in this country. The doctors in uncivilized countries may be a worse evil than patent medicines. It might be a mercy to introduce into Africa and Feejee some of the most "harmless" patented preparations at three dollars a bottle. But that is not what the paper quoted is doing. It is encouraging people who live in a country filled with educated physicians to be their own doctors. It is commending to their notice drugs that, in some cases, are "harmless"—that is, worthless; that in other cases are inferior in efficacy to those not prepared under patent and obtainable in every town; that, in other cases still, are, from their nature, dangerous; and that in nearly all cases are the instruments of deceit, extortion, and physical injury. We hold this to be a flagrant wrong, and none the less because there may be a measure of validity in the claims of some patented medicines, and a measure of ignorance among physicians.

Even if we recognize the fact that some patented and advertised medicines have an efficacy within a limited range of cases, that does not justify a journal—above all, a religious journal—in virtually commending such medicines for popular use and for the unlimited range of diseases enumerated in the advertisement. A publisher cannot, it is true, undertake to test the quality of the articles offered to public notice in his columns. Wide latitude must necessarily be allowed the commercial eye, which sees in its own wares an excellence beyond comparison. But when claims are set up which are in their nature fraudulent, and when these claims especially appeal to the weaknesses of human nature, with the evident design of making money from the misfortunes of others without relieving those misfortunes, we hold it to be unchristian to permit the opportunity for deception.

To illustrate: In the article we refer to, certain patented preparations are commended,

one of which is advertised in another column of the same paper to "cure with certainty all chronic diseases." More than forty diseases, including consumption and cancer, are afterwards enumerated as within its power. Either the publisher of the paper is a fool to believe that any one medicament can serve so many and diverse remedial uses, or he is neglectful of his duty to protect the public against imposition. He is not a fool, and well understands that the best physician in the world, using the best remedies that medical science has been able to discover, cannot "cure with certainty all chronic diseases," much less that one remedy in the hands of an unlearned person can have such power.

But the statement is made in the same article that very many country physicians are incompetent, that many sell poor drugs at large profit, and that it is better to take well-known, carefully-prepared preparations from responsible parties than to call in the cross-roads doctor.

It is true that many physicians are incompetent. But none are so incompetent as the sick man who undertakes to dose himself. It is true that some country doctors do not keep the best of drugs, and that some do sell what they have at too high a price. But he makes the poor investment who, on reading an advertisement which promises a cure for all diseases, sends his dollar for a remedy which is "well-known" by means of enterprising display upon back fences and in unscrupulous newspapers, but which, however "carefully-prepared" to cure salt-rheum, is good for nothing to cure the poor man from cancer. We say that it is conniving with fraud to endorse such medicines. It is evading Christian responsibility to say that, because an advertised remedy has certain virtues, a publisher is justified in leading people to use it without professional advice. None have a louder calling to be their brothers' keepers than editors and publishers; and in no way can they more easily disregard, it to the destruction of a brother's life, than to leave him to the tender mercies of that "responsible party"—the man who takes out a patent for a panacea.

THE "venerable Dr. Bullard," of New Haven, it is said, has been the high priest at Hymen's fruition on over one thousand occasions. It is affirmed that the youth and maidens are "to hold a grand reunion picnic" at his residence. For parents and children to hold a grand reunion would be suggestive; but the toast of the occasion will, we suppose, be "The tie that binds us—Dr. Bullard, our common deliverer." Young men and maidens will share their common memories as they stroll over the lawn or whirl in the giddy mazes of the dance.—*Philadelphia Medical Times.—Clinic.*

A NEW mode of burial is recommended by a Vienna chemist. It consists in placing the corpse in a coffin of cement and then filling in around it with the same material made plastic by the addition of water. This is then covered closely by a cemented cover, thus preventing all putrefaction, and the absorption of the fluids of the body by the cement would soon mummify it. A coffin of this kind would cost but little more than an ordinary wooden one, and as the filling soon hardens, these coffins can, if required, be piled in tiers one upon the other.—*Clinic.*

At a late fire in the bonded stores in Dublin, Ireland, about a half million dollars' worth of whiskey and other property was destroyed. Large quantities of whiskey ran into the gutters, and several persons died from drinking it.

Among the many mottoes that decorated the Tabernacle on the last anniversary of the advent of the Mormons into Utah was, "Utah's Best Crop—Children."

The distinguished Professor Traube died in Berlin, on the 24th of May last, after a brief illness.

---

## Home News.

---

THE Mayor has appointed, and the Council confirmed T. H. Bond, M. D., and T. L. Pim, M. D., as members of the Board of Health.

ALDERMAN COLLIER made an effort, during the present session of the City Council, to introduce a new social evil ordinance, but the bill was defeated by a large vote.

MR. CHAS. SCHLEIFARTH, long and favorably known as manufacturer, importer and dealer in trusses, supporters, etc., has removed to more commodious quarters at No. 608 North Fourth street. This location is central and affords greater facility for the transaction of business than his old stand.

THE following are the medical appointments for the ensuing two years: Female Hospital, P. V. Schenck, M. D., Resident Physician; Quarantine Hospital, R. S. Anderson, M. D., Resident Physician; City Hospital, G. Hurt, M. D., Resident Physician; R. H. O'Brien, M. D., Clerk of the Board; W. L. Barrett, M. D., Health Officer; Dispensary Physician, I. N. Love, M. D.; Assistant, A. C. Robinson, M. D. The salary of the Assistant Dispensary Physician has been increased to \$75 per month.



## St. Louis Clinical Record.

VOL. II.

AUGUST, 1875.

NO. 5.

## Original Communications.

*HEMORRHAGE DURING AND AFTER  
UTERO-GESTATION.*

BY M. M. Pallen, M. D., ST. LOUIS.

Hemorrhage during utero-gestation is of such frequent occurrence, and so alarming in its character, as to require every accoucheur to know how to manage it. There is no time, in many instances, to send for consultation. The medical attendant must feel confident in his own resources and keep cool.

I do not wish to be misunderstood. I do not desire to convey the idea that it is very frequent, but it occurs often enough to put the accoucheur on his guard. It may occur in the earlier months, accompanying abortion; it may occur in the later months from accidental causes, or from the malposition of the placenta; it may occur at full term, before delivery, from like causes; it may occur after the delivery of the child, and before the expulsion of the placenta; it may occur after the delivery of the placenta.

Hemorrhage rarely happens before the termination of the twelfth week. An abortion before that time, whether procured or not, is not likely to induce hemorrhage to any alarming extent, but after that period it is to be apprehended. In two cases, in one night, I was called, when two married ladies, in the fourth month of pregnancy, had, by thrusting probes into the womb and rupturing the membranes, aborted, and produced alarming hemorrhage.

An interesting question here arises, whether a flow of blood from the gravid uterus in the earlier months of pregnancy can pass off, and the female go on to full term. There may be contractions of the organ and considerable discharge of blood, and it is averred, on good authority, that under such circumstances, quietude, in the horizontal posture, and opiates to prevent the action of the womb, will enable the female to escape an abortion. Doubtlessly this does occur sometimes. But much depends on the experience and judgment of the medi-

## ADVERTISING RATES

OF THE

SAINT LOUIS

## Clinical Record,

A MONTHLY JOURNAL OF

Medicine and Surgery.

	One year.	Six Mo.	Three Mo.	One M.
One page.....	\$40.	\$25.	\$15.	\$12
Half page.....	25.	15.	10.	10.
Quarter page.....	15.	10.	10.	10.

The ST. LOUIS CLINICAL RECORD is well established and has a large and increasing circulation, and as an advertising medium for Druggists, Physicians, Chemists, Agents and Manufacturers it cannot be surpassed.

We respectfully solicit a portion of your advertising patronage and call your attention to our new and VERY LOW ADVERTISING RATES.

Special positions at special rates. Leaflets inserted on reasonable terms. Terms: Cash payments every sixty days.

H. F. ZIDER,  
Publisher and Business Manager,  
511 Pine St., St. Louis, Mo.  
AUGUST, 1875.

If it be decided that the female will abort, then the tactics are the reverse of those to be employed when there is a probability for saving the ovum. It is true the female must be kept in the horizontal position and cold applied to the abdomen to prevent as much hemorrhage as we can. But in addition, one should apply a mustard plaster to the lumbar region, throw up cold water injections into the rectum, and use a tampon of sponge or rags in the vagina. Let this be done in such a way that the vagina is well stuffed. The tampon thus used effectually controls the hemorrhage, and, moreover, by exciting the excitor nerves of the vagina, produces a reflexive action on the motor nerves of the uterus. Barnes' India-rubber bags introduced and well filled with cold water serve a very valuable purpose. Give the tincture of ergot in drachm doses or ergotine in two grain doses.

Hemorrhage in the latter months of pregnancy may result from accidental causes. An emotion of the mind, whether of joy or sorrow, a sudden fright, a blow, or a fall, can

produce a sudden contraction of the womb and separate a portion of the placenta from its normal attachment.

If this occur, the female should immediately be put to bed, on a hard mattress, and if she be constipated, an injection of warm water thrown into the rectum in sufficient quantity to clear out the bowels, cold water to the abdomen, and an opiate given to prevent any further action of the womb. The selection of the form of the opiate must be left to the judgment of the practitioner. I prefer the acetate of morphia combined with a little of the bicarbonate of soda in mint or cinnamon water. This may be given in quarter of grain doses at such intervals as the exigencies of the case require. In such cases, too, a sinapism ought to be applied along the spine, but limited to the inter-scapular region.

The room should be kept cool and quiet, and all stimulants forbidden.

But what if such treatment does not arrest the hemorrhage? If the flow of blood be alarming, if the pulse become frequent and feeble, if the temperature of the extremities get low, then rupture the membranes—a beautiful operation, first recommended by the elder Dr. Rigby. It acts, if I may quote a slang phrase of the profession, like a charm. I cannot insist too much on this simple method of arresting severe accidental hemorrhages in the latter months of pregnancy.

In such cases, too, the tampon ought to be used. There can be no danger of internal hemorrhage. It has been stated by Dr. Ingleby, I believe, (I have not the book at hand), that it occasionally happens that the centre of the placenta becomes detached from the uterus, whilst the periphery remains attached, and a large amount of blood accumulates between the placenta and womb. If such be the case, the place of bleeding will become acuminated. Such internal hemorrhage must be very rare. Suppose that these remedies fail, the loss of blood renders the mouth of the womb dilated, or dilatable, and if the head be the presenting part, it is proper to use the forceps. The rule being, that the uterus must be emptied, so that permanent and equable contraction take place. If the head be high up in the pelvis, above the superior straight, it will be a very difficult operation. It can be done, I know. An expert dentist can extract a tooth with such dexterity

that it is a pleasure to have it done(?), whilst another, with the same instrument, will drag a fellow all around the room, and then boast of the great operation he has performed. So, too, there are men who go to every female in labor, with the forceps in their pockets, and out of their pockets, it slips into the vagina so nicely, that every one present admires the doctor and the instrument. Without any regard to the position of the presentation, it is applied; now comes a long pull, a strong pull, and a pull all together; if the operation be successful, it is presented in the picture in the most glowing colors; if there be rupture of the uterus, laceration of the neck, or perineal laceration, it is kept in the back-ground of the canvas hid by some umbra. Many a poor victim has been thus sacrificed on the altar of obstetrical violence, to be succeeded by others who are now blooming as ornaments of their social circles,

Let us beware of all this. Let us be calm, cool and reasonable. I know that many will call me timid. Be it so. "Many jest at scars who never felt a wound." There are, too, many amiable and kind-hearted surgeons who bear the sufferings of their patients with Christian fortitude.

But the womb must be emptied at all hazard, to secure permanent and complete contraction. Under the contingencies before mentioned, I will advise turning and delivery. The os tincæ is dilated or dilatable. The use of ether or chloroform will render it more so; and one can turn, and, exercising due caution, with safety. The rule then is, use the forceps if the head be in the true pelvis, if above it, turn and deliver.

Hemorrhages take place in the latter months from unavoidable causes. From some strange mistake of nature the placenta is placed exactly where it ought not to be—over the mouth of the womb completely or partially—it necessarily follows, whenever the os and cervix dilate, a portion of the placenta will be separated from its attachment.

Whenever the placenta is normally placed, hemorrhage occurring, the contraction of the womb by pressing itself against the fœtus arrests the discharge of blood. In unavoidable hemorrhage, the uterus contracting, the os dilates and slips away from the placenta, and loss of blood follows. In one case the con-

traction of the womb stops the hemorrhage, in the other produces it.

But no such sign as this ought to satisfy the medical attendant. He must examine for himself. Subjective evidence is not sufficient, he must have objective evidence.

Convinced that it is a case of placenta prævia before full term, the medical attendant must endeavor to carry the female up to time. All he can do at this time, probably, is to arrest the flooding. Quietude, rest in the horizontal posture, the tampon and the application of cold to the abdomen and opiates constitute the treatment.

But it may happen that the flooding has so relaxed the mouth of the womb that delivery is possible, and if so, it ought to be done. How are we to proceed? Are we to adopt the method recommended by Sir James Y. Simpson, as modified by Dr. Barnes, or to turn and deliver. These are questions to be considered in my next number.

Before concluding this article, I will state that, if the time of action has not arrived, the patient ought to be made acquainted with her situation. In case that another threatening comes on, the usual attendant must be immediately sent for, or some one else in the neighborhood until he can be obtained. Placenta prævia is among the most fearful accidents that can happen in midwifery.

### QUACKS AND IMPOSTORS.

BY CHAS. A. TODD, M. D., ST. LOUIS.

"Quacks and Imposters" is the heading of Chapter XIV of a very interesting recent publication, "History of Advertising from the Earliest Times," by Henry Sampson, London. The chapter contains much of interest to the physician, and I make no apology for laying before the profession some of its more striking items. The gentry who figure under the uncomplimentary classification of quack, have been, from times immemorial, most unwelcome parasites upon our profession, parasites that, like the itch insect, not content with mere feeding, irritate and disfigure the body in the course of their underground operations. Any vigorous exposure of these vermin and impalement upon the exploratory needle will be hailed with satisfaction, and Mr. Sampson certainly does not spare them. Mr. S. prefaces his

chapter with this complete definition of quack medicine, *i. e.*, "all medicines which are supposed specifically to remedy various diseases in various systems, no matter what the peculiarities of either. It can hardly matter whether the inventor of the general remedy be a learned doctor or impudent charlatan, the medicine, as soon as ever it assumes specific powers, and is to be administered by and to anybody, is quack." That is to say, any medicine set forth as positively curative of a particular disease in each and every case, is quack and the advertiser an impostor. When any remedy is claimed certainly to cure a whole catalogue of distinct diseases, he must be very credulous indeed who should be persuaded by such a representation. Argument upon these points is superfluous. In the absolute recognition of the truth of this definition lies the condition of conscientious practice. Mr. Sampson gives some curious notes on the laying on of hands in cases of scrofula—touching for king's evil. This is a very ancient superstition. The seventh son was supposed to share with royalty the power of thus curing scrofulous diseases. A Dublin shop-keeper, a few years ago, finding his errand boy to be often dilatory in his duties, upon inquiry found that, being a seventh son, the boy's services in a medical capacity were in frequent demand among his poorer neighbors. In the French city of Orleans, in 1854, a seventh son enjoyed great reputation as a healer of scrofula; on occasions such numbers came to him that at last the gatherings became troublesome and were prohibited by the authorities. The disease was supposed to be healed by the wonder-worker simply breathing upon or touching the parts affected. In reference to this subject the following advertisement will excite a smile:

"White Hall, May 14, 1664.—His Sacred Majesty, having declared it to be his Royal will and purpose to continue the healing of his people for the Evil during the month of May, and then to give over until Michaelmas next, I am commanded to give notice thereof, that the people may not come up to town in the interim and lose their labor."

"His Sacred Majesty" is no other than Charles the Second, whose name is synonymous with grossest libertinism.

Hypochondria may have had something to do with cures reputed to have been made in

this touching way. The influence of imagination upon health and disease is of common observation; indeed, some, it is thought, effect many cures through no other agency. A hand-bill of the early eighteenth century preserves to posterity the name of a seemingly valuable remedy now obsolete, possibly because no more unicorn's horns are to be had, that celebrated beast surviving only in effigy upon the British coat of arms. Here is the bill:

"The High German, Master of waxwork, Hath an Unicorn's Horn that was found in the deserts of Arabia, the powder whereof does several wonderful cures, whereof I was advised by several Doctors to publish the same in print.

I have, in my Travels, by virtues of this Powder, saved the lives of several Gentlewomen in Child-Bed, which could not be delivered before they took the powder. \* \* \*

The College of Physicians in London, hearing of this Powder, they came to my lodging on purpose to see this horn, and desired me to let them have some experience to try if it would expel Poyson, upon which they Poysoned two Dogs and asked me if I could save one of them. (Of course he succeeded.)

If there are any Gentlewomen desirous to buy any of this Powder, I sell it at reasonable Rates, and it may be kept ten years and not lose its virtue."

Well, have not we too a "sure remedy 'gainst poyson" in the famous mad-stone, which, according to the authority of the man who saw a man who saw the stone, should have almost the power of sense and quite surpass the unicorn's horn in its miraculous works.

To pass from child-bed to things pertaining thereto, read this advertisement from an English newspaper of the last generation:

"A child's caul to be disposed of, particularly recommended to persons going to the Continent on business or pleasure, officers in His Majesty's navy, merchants trading to the East or West Indies, and all other parts of the globe, being exposed to the dangers of the seas, having the caul in their possession their life will most assuredly always be preserved. Address by letter, etc., etc.

In the year 1779, one of the most extraordinary empirics of any time lived in London. This Ghraham opened, for the benefit of the

credulous, a gorgeous establishment which he termed the "Temple of Health." It contained, among other well-advertised marvels, the wonderful "Celestial Bed," occupying which, couples, despite previous sterility, should beget offspring of mental and physical qualities far surpassing the present race. Such noble excellences demanded from patrons suitable acknowledgment, and persons of rank were named who paid five hundred dollars per night to enjoy the same.

Electricity has long been a favorite hobby with quacks, and the Celestial Bed was advertised as owing some of its hymeneal virtues to the stimulating effect of that subtle agent. *Omne ignotum pro magnifico* holds good in therapeutics as well as in the affairs of daily life.

The following advertisement, taken from a print of 1664, will recall to mind the pleasant device often met at the present time of carrying potatoes and buckeyes in the pocket as protection against rheumatism, etc.:

"Small Baggs to hang about Children's necks both for the prevention and cure of the Rickets, and to ease children in breeding of of Teeth, to be had at Mr. —, at 5 shillings a Bagge."

Many of the quack advertisements recorded by Mr. Sampson seem gross enough in their appeal to credulity, yet, let any informed person glance at the notices of nostrums with which our journals teem, *religious* as well as secular, and blush for the ridiculous gullibility of his fellowmen at the present day. The following advertisement, occupying a high-priced position in one of the most influential and widely circulated of our religious periodicals, which has on its title-page the motto, "*But as we were allowed of God to be put in trust with the Gospel, even so we speak, not as pleasing men, but God, which trieth our hearts,*" will show how even those who profess to speak "*not as pleasing men, but God*" prostitute their sacred trusts for the sake of gain. Here we have it stated that "The dying body is supplied with the vigor of life through Dr. Radway's Sarsaparillian Resolvent." This wonderful remedy costs but \$1 a bottle, and has a magical influence over the following modest list of ailments: "Chronic rheumatism, scrofula, glandular swelling, hacking dry cough, cancerous affections, syphilitic com-

plaints, bleeding of the lungs, dyspepsia, water brash, tic doloieux, white swellings, tumors, ulcers, skin and hip diseases, mercurial diseases, female complaints, gout, dropsy, rickets, salt rheum, bronchitis, consumption, liver complaints, ulcers in the throat, mouth, tumors, nodes in the glands and other parts of the system, sore eyes, strumous discharges from the ears, and the worst forms of skin diseases, eruptions, fever sores, scald head, ring worm, erysipelas, acne, black spots, worms in the flesh, cancers in the womb, and all weakening and painful discharges, night sweats, loss of sperm and all wastes of the life principle are within the curative range of this wonder of modern chemistry, and a few days' use will prove to any person using it for either of these forms of disease its potent power to cure them. Sold by druggists, \$1 per bottle."

Verily, if but a small fraction of the positive promises thus set forth could be fulfilled our occupation were gone, and medical colleges would remain useful only as "laboratories" for the manufacture of these miraculous compounds.

Such extensive advertising implies excessive profits. It is currently believed that the chief expense in the getting up of most of these doses lies in the bottles and labels. What the actual cost of putting them down may be, the hereafter only will reveal.

It is to be hoped that the profession in this country may be moved, ere long, to rid itself of many crying evils, including some that largely help to keep quackery alive. The public should be weaned from its propensity to regard the physician as one inspired, and drugs as potent to free the system of all ailments independent of efforts on the part of the patient at self-cure through proper regimen. At school, children should be taught enough of anatomy and physiology to enable them to estimate the fulsome promises of quacks at their true value. Human nature is prone to shift responsibility. It makes the doctor the scapegoat of its bodily sins, the clergyman of the spiritual, and the politician of its blunders at self-government. Hence the opportunity for quacks and the ferocious outbursts of popular resentment when Nemesis visits heavily upon us the natural out-come of our own indifference.

## Clinical Reports.

### *ELECTRICITY IN THE TREATMENT OF POST-PARTUM HEMORRHAGE.*

BY ALEX. B. SHAW, M. D., ST. LOUIS.

During the last ten months I have had to treat five cases of uterine hemorrhage occurring after the extrusion of the secundines and prior to the tenth day after accouchment, and in each instance electricity was used to produce contraction of the womb with the happiest result, as will appear from the following summary of the cases:

#### CASE I

had been under the care of my esteemed friend, Prof. G. M. B. Maughs, during the first stage and first half of the second stage of labor, but owing to a very pressing pre-engagement, Dr. M. found that he would not be able to longer attend the case, and requested me to take charge of the lady. She was a primipara. The labor lasted about twelve hours and its every feature was natural. One hour after the extrusion of the after-birth I left the patient, her womb being firmly contracted and she apparently doing well and quite comfortable, but three hours afterward I was summoned with the information that she was flooding. On my arrival I found that the hemorrhage was but slight, and ordered the application of cloths wrung out of ice water to the vulva and Fl. ext. ergot 3ss every half hour until the flow was arrested, after which event the ergot was to be given every three hours until three doses had been taken. This treatment proved effective and no further trouble occurred until the morning of the ninth day, when flooding of an alarming character supervened upon the patient's getting out of bed to answer a call of nature. For its arrest the child was applied to the breast, the bandage was tightened, friction was made over the abdomen, the womb was kneaded and grasped through the abdominal walls, cold water was poured from a height upon the hypogastrium, ice was applied to the pudenda and introduced into the vagina and the os titillated. Fl. ext. ergot, tinct. caulophyllum and cold acid drinks were administered, and absolute rest enjoined,

but still the hemorrhage continued, though considerably diminished in quantity.

At 8 p. m., just as I entered the sick room, profuse flooding again occurred. I found the womb about the size of a year-old child's head, soft and doughy to the touch. Compression of the aorta arrested the flow while it was kept up, but the womb could not be made to contract.

I now resorted to electricity, applying it as follows: An insulated vaginal electrode was carried up within the os uteri and this connected with the negative pole of a Faradic battery. The positive electrode, tipped with a piece of moistened sponge, was applied over the fundus of the womb in the hypogastrium. As soon as the circuit was completed the uterus contracted expelling quite a quantity of clotted blood, and the flow was arrested. The current was allowed to traverse the womb for about a minute and then removed.

The patient, though fearfully prostrated, made a good recovery, not having had further trouble from hemorrhage.

#### CASE II.

Mrs. B., multipara, had had rather a tedious labor. On the third day after her confinement I was summoned in great haste and found her flooding quite freely. I at once applied the Faradic current, as in the preceding instance, and had the satisfaction of feeling the uterus contract firmly and seeing the flow arrested. An hour having elapsed and no return of the hemorrhage, I ordered

R	Fl. ext. ergot	3ss;
	Tinct. cinnamomi	3i;
	Aquæ destill.	3ij.

M

for one dose, to be repeated every three hours until four doses had been taken. The hemorrhage was not repeated and the lady made a rapid recovery.

#### CASE III

was that of a primipara suffering from tuberculosis and quite feeble. Was summoned by the midwife in attendance "to come quickly, that Mrs. — was bleeding to death." Found that since the removal of the after-birth, (twenty minutes before my arrival), the lady had fainted three times from the loss of blood. I at once compressed the aorta, poured water from a height on the abdomen, and grasped

the womb through the abdominal parietes, but could not stimulate contraction. Ergot had already been administered freely. Believing that electricity would be more efficacious than the introduction of the hand into the womb and removal of the coagula therein, cords were drawn tightly around the thighs to lessen the arterial tension and the Faradic current applied as in the foregoing cases. The resulting contractions were but feeble at first, but by rapidly removing and re-applying the electrode over the fundus, energetic contraction was induced, expelling nearly a pint of coagulated blood and rendering the uterus quite small and hard.

Compression of the aorta was now discontinued, and five minutes later the ligatures were removed from the thighs. No further trouble from hemorrhage was experienced.

#### CASE IV.

The fourth case occurred in a terceton, multipara. The labor lasted only four hours, and every feature about the case was favorable until the third day after confinement, when the patient became intoxicated and got up and dressed herself. Suddenly, however, hemorrhage supervened. On my arrival I found the flow but moderate, although it was alarmingly free at the outset.

Electricity, in this case, produced contraction of the womb, but in less than fifteen minutes relaxation occurred and there was another gush of blood. This was controlled by compression of the abdominal aorta. Two drachms Squibb's fluid extract of ergot were now administered, cold well water was poured upon the abdomen and the battery re-applied. The uterus again contracted, but showed a tendency to relaxation in five minutes afterward, but the instant a powerful current was passed through the womb it responded to the stimulus. Three separate times in half an hour it became necessary to resort to electricity to prevent further flooding, but there was no fourth relaxation. Cold applications were kept to the vulva for twenty-four hours and fluid extract of ergot was exhibited in 3ss doses every half hour for three hours, the result being all that could be desired.

#### CASE V.

The fifth case was that of a multipara, who had been in labor about twenty-four

hours. The pains were feeble from the commencement. The head of the child being quite large, it was found necessary to apply the forceps at the inferior strait to complete the delivery. The womb contracted firmly after the extrusion of the secundines, but one hour and a quarter thereafter she began to flood freely. Ergot, kneading, and cold to the pudenda were employed, but considerable blood continued to be lost until electricity was resorted to, when all hemorrhage was arrested.

In every case the after-birth was expelled entire, so, in no instance could retention of a portion of the placenta have been the exciting cause of the hemorrhage. Neither was there any appreciable laceration of the cervix. These two elements in the causation of post-partum hemorrhage are then to be excluded in the study of the foregoing cases, leaving us *inertia* as the causative agent.

In cases 1, 2 and 5, the womb responded immediately to electrization, and in every instance contraction followed electrization with sufficient rapidity to indicate the relation of cause and effect to a certainty, and in no case did the patient complain of any disagreeable, not to say painful, sensations. I am persuaded that in the vast majority of cases of post-partum hemorrhage no fatal termination need be feared if compression of the aorta can be effectually maintained until a powerful Faradic current can be made to traverse the uterus, and I conceive that electrization of the womb will be found a very useful agent in controlling hemorrhage after abortions during the earlier weeks of pregnancy.

2946 Clark avenue, July 15, 1875.

### RARE FORMS OF ABSCESS.

REPORTED BY J. M.

The following cases of abscess, occurring in the dispensary service of Dr. H. Tuholske, are reported on account of their rarity and peculiarities of position, and not because of any essential difference in their course or termination to other similar lesions:

#### PERIPROCTITIS.

Rachel D., aged nineteen, evidently the subject of tubercular disease, had been complain-

ing for about a month past of pain about the anus, difficult defecation, lancinating pains radiating from the coccyx to the anterior portion of the perineum, and even to the upper and inner parts of the thighs. She also had fever. The physician in attendance, judging from the patient's frequent desire to go to stool, tenesmus, fever, etc., supposed the case to be one of dysentery. He, consequently, resorted to the use of enemas, which, however, caused the most intense agony, and tended greatly to aggravate the existing difficulty. The patient obtained no relief from these measures. The attendance of Dr. H. Tuholske was requested. Upon examination, the cellular tissue in the ischio-rectal fossæ, both anteriorly and posteriorly, was found tense and painful to the touch. The slightest movement increased the pain, and defecation, for this reason, was greatly dreaded by the patient. Considering these symptoms to be due to a diffuse inflammation of the loose cellular tissue around the lower part of the rectum, and expecting the formation of an abscess, warm fomentations were used locally to encourage suppuration. Quinia and morphia were used internally. After two days, fluctuation became apparent. Slight incisions anteriorly and posteriorly to the anus, and deeper incisions in the ischio-rectal fossæ, succeeded in evacuating a large quantity of very offensive pus. Under the continued use of warm fomentations, and injections of carbolyzed water, the patient made a good recovery.

#### RETROPHARYNGEAL ABSCESS.

Mrs. S., aged forty, complained for nearly a week with what she supposed was a common sore throat, together with considerable pain upon movement of the neck. Upon inspection of the parts, no enlargement of the tonsils was observed, but the faucial space seemed narrowed, and a very distinct bulging in the posterior part of the pharynx, back of the velum, could be readily detected. Palpation with the finger revealed decided fluctuation. With a lancet, protected by adhesive strips, an incision was made into the abscess and its contents emptied.

Periproctitis and retropharyngeal abscess have been well described by Niemeyer, and as frequently both of these affections are attended with more or less difficulty in diagnosis, it may

be well to briefly summarize their most salient features.

Periproctitis is an inflammation of the connective tissue surrounding the rectum, and sometimes develops in the course of acute and chronic inflammations of that region; or it may accompany affections of the pelvis, and of the pelvic viscera; again, it is often one symptom of extensive metastatic inflammation. It is very commonly observed in persons who have consumption of the lungs and intestines.

Periproctitis may be acute or chronic; in the former case it may end in resolution, but more frequently in abscesses which subsequently perforate outwardly or into the gut. Chronic periproctitis leads to decided thickening and induration of the connective tissue, but this form also tends to partial suppuration, followed by fistulous ulcers, and occasionally inducing stricture of the rectum.

Retropharyngeal abscess is met with in disease of the cervical vertebræ; at other times it develops with secondary inflammation of other organs, late in typhus, measles, the septicæmiæ, and other infectious diseases; lastly, it occurs as an idiopathic inflammation. Where stiffness of the neck, difficulty of swallowing, etc., ensues in vertebral disease, the inside of the throat should be carefully examined. When the disease occurs idiopathically, or in small children, and, therefore, not expected, these symptoms should excite immediate attention; for frequently, if aid be not given at the proper time, especially with children, the patient dies, as the result of the bursting of the abscess in sleep, and the entrance of its contents into the larynx.

## Correspondence.

### A NEW INSTRUMENT—BARTLETT'S SPECULUM.

REPORTED BY CLAYTON KEITH, M. D.

Dr. E. M. Bartlett, of Louisiana, Mo., has, for the past thirty years, made a specialty of the treatment of diseases of females. He has tried all the forms of specula in use, without complete satisfaction. Ferguson's cylindrical speculum, he considers objectionable because, first, it is difficult of introduction, the parts

must be dilated mechanically in order to introduce it; second, it is difficult to get the os uteri into the field of this speculum, and, third, as it is being introduced, it scrapes all the secretion from the vaginal walls, rendering it necessary to sponge out the speculum before proceeding farther.

All valvular specula, such as Cuseo's, Nott's, Storers. &c., are objectionable, because, while dilating the parts, the vaginal mucous membrane invariably falls in between the valves and obscures the os; and, again, on closing the speculum this same mucous membrane is caught between the valves and pinched, and in this way pain is produced. He considers all bivalvular and trivalvular specula mere pinching machines, and he objects to using them, because ladies object to being tormented.

Thirty years ago he conceived the idea of inventing an entirely new speculum, to which the above objections would not apply. He thought there was room for improvement, and he went to work to make that improvement. He succeeded in making a new speculum, more than twenty years ago, and has used it exclusively in his practice ever since. It is *not* a *modification* of any instrument in use. The following is a description of Dr. Bartlett's speculum, (as clear a description as can be given without the aid of a cut):

The speculum consists of twenty-one valves or blades, each valve is six inches long and three-eighths inch wide, made of German silver. Each valve is attached at its base by a hinge to a circular band or collar two and one-fourth inches in diameter and three-eighths of an inch in breadth. The other end of each valve is free. There is also an inner band or collar, two and one-eighth inches in diameter in the clear and seven-eighths of an inch in breadth, hinged at one side to the lower edge of the outer band and fitting closely inside thereof. To the base of the outer band are attached two set-screws which pass through the lower edge of the inner band, by which the instrument is expanded.

To introduce the instrument, the patient reclines on her back upon the gynecological chair or table with her hips near the edge. The speculum, which is closed, is grasped with the right hand, with the index finger resting upon and projecting beyond the smaller end of the speculum. The index finger is then care-



fully introduced into the external organs and followed by the speculum. (The instrument adapts itself to either a long or short vagina.) Each set-screw is then turned ten or twelve times alternately until the instrument is sufficiently expanded. By turning the set-screws the inner band is pressed up against the inside of the valves, and in this way the speculum is uniformly expanded to any desired extent. The instrument is self-retaining when sufficiently expanded.

The os, including the anterior and the posterior labium, is readily exposed without the aid of Simpson's sound or the use of any other instrument as a lever.

No tenaculum is needed to hold the os within the field of the speculum. (Dr. B. never uses a tenaculum.) The valves of the speculum are so constructed that, when fully expanded, the instrument acts as a vaginal dilator, thus putting the entire vaginal mucous membrane on the stretch. The os uteri *can not* escape from the field of the instrument when fully expanded.

Dr. Bartlett claims the following advantages for his speculum:

1. Its length is such as to expose the uterus *in situ* by bringing it *nearer* to the external organs rather than pressing it deeper into the pelvis, as do many specula.

2. It also gives a *better light* by affording a larger opening, which is of great importance, especially when the physician is obliged to visit the patient at her home.

3. The valves expand in such a manner as to readily allow of the rectifying of any malpositions of the uterus through the expanded instrument, which is impossible in all cylindrical instruments.

4. The blades or valves are capable of expanding the vaginal walls more than any instrument, cylindrical or valvular.

5. The urethra and meatus are not unduly pressed upon by the instrument.

6. It is exceedingly easy of introduction.

7. After introduction, it can be expanded *ad libitum*; being expanded very slowly, it can be adapted to the vagina of the most sensitive patient.

8. It can be readily closed and withdrawn without grasping or pinching the vaginal mucous membrane.

9. It is self-retaining, and therefore does not require the presence of an assistant. In private practice, ladies universally object to the presence of an assistant.

10. It does not require the use of a tenaculum, to be lacerating the posterior labium.

11. It is readily cleaned and easily kept in order.

Will either Dr. Maughs, Dr. Boisliniere, or the resident physician at the City Hospital give this speculum a trial? Dr. Bartlett has never attempted to place it upon the market. It is used by six or eight physicians in this (Pike) county in preference to Sims' speculum, because of the advantages above enumerated.

The speculum is for sale by Dr. E. M. Bartlett, Louisiana, Mo.

LOUISIANA, Mo., July 1, 1875.

## Extracts and Abstracts.

### RESPIRATORY PERCUSSION.

Dr. J. M. DaCosta, (*American Journal of the Medical Sciences*), after years of painstaking and laborious observation, announces a new method for physical exploration of the chest, which he denominates "Respiratory Percussion." It is not intended, in any way, to supersede the usual methods of investigation, but it is claimed as an important adjunct to them, and as rendering the knowledge obtained by ordinary percussion more precise and definite. Respiratory percussion deals with the appreciation of the changes in the percussion note developed by the person examined holding his breath in a full inspiration or a forced expiration. The writer declares that there is an undoubted difference found under either circumstance, when compared with the sound obtained during quiet breathing. This difference is more readily detected in held inspiration than in forced expiration; at any rate, *inspiratory* percussion is so much easier for the patient, that it is generally more applicable. Most of the results noticed in this paper have been obtained by inspiratory percussion; but the expiration has not been entirely neglected, and here and there the help it affords has been mentioned.

Before, however, explaining what the results are when this method of physical exploration is applied to diseased conditions, it is necessary, that we may have a standard for comparison, to inquire into the effect of respiratory percussion on the chest sounds in health. I

subjoin a summary of a large number of observations grouped in accordance with the regions usually explored, and made on men having chests of good expansive power.

At the apices, and especially at what is described as the infraclavicular region, a full held inspiration increases the resonance, makes the sound fuller, and raises the pitch; and where, as is so common, the left side has normally a higher pitch, this disparity is preserved.

Below the apices, say from the upper border of the fourth rib downwards to where the pulmonary resonance ceases, the same holds good, but, even making allowance for the cardiac region, the resonance is relatively less increased on the left than on the right side.

Turning to the posterior part of the chest, we find, at the upper portions, in the supraspinous fossæ, and on a line towards the spine, that a long-drawn held inspiration makes the percussion sound much fuller and raises the pitch. In several observations this was noted as higher on the right side, and some difference was preserved in the inspiratory effort.

In the region between the scapulæ and in both infrascapular regions, the tone on gentle percussion is distinctly pulmonary, and the pitch moderately high. On the left side, on ordinary percussion, an admixture of a tympanitic sound with the pulmonary resonance may be detected, certainly in the infrascapular region. The pitch on the left, both in the lower scapular and infrascapular regions, is somewhat lower on the left than the right. A full held inspiration elevates the pitch generally, increases the resonance very much, but usually makes the difference between the sides less apparent.

These are the facts noted with reference to the inspiration. A held and complete expiration will greatly lessen at the apices the resonance and lower the pitch, and though the phenomena are most clearly made out at the upper part of the chest anteriorly, the same general facts will be observed on percussing at any part over the lungs while in a fixed expiration.

As regards the quality of the percussion note, it is but little changed; it remains during these arrested respiratory movements that of pulmonary resonance; perhaps there is a little less softness, and the slighter hardness corresponds to greater resistance to the percussing finger. But in the held inspiration we obtain nevertheless the idea of a greater mass of tone; in the held expiration the reverse. The conditions of pitch alluded to I found most constant. Increase in volume of percussion sound goes, it is always asserted, hand in hand with fall of pitch. Not so here; and the exception may, I conceive, be explained by the altered tension of the structures, and then the slight change in quality mentioned is more

apt to be found with heightened pitch. But whether this be the explanation or not, the fact is very appreciable.

I have already stated that the observations thus far alluded to were made on men. In women the mammary regions interfere somewhat with the readiness with which the signs may be elicited; still they are in the main the same, and so they are in children, though, of course, we cannot always easily get a child to hold its breath sufficiently long for purposes of study.

But to turn from the results obtained in health to those presented in disease. And here let us take up one by one the more common pulmonary affections. We begin with *bronchitis*. We find in this malady the percussion resonance, practically speaking, unaffected. Yet where extremely abundant secretions exist, and obscure the breath sounds, the clearness of the note may become impaired, and we are in doubt as to the state of the pulmonary textures. Respiratory percussion removes the doubt; the chest struck while in a full inspiration returns a sound exactly corresponding to the sound we should obtain in health. If, however, (and here at once a point of value becomes apparent), there be an extension to the finer structures and beginning consolidation, the note does not become fuller and more resonant, and the difference between the damaged point and the surrounding parts or corresponding portions of the other side is very manifest. If, however, the lung be merely collapsed, respiratory percussion gives an almost normal sound, unless the collapse be extensive and the power of expanding the lung be lost, or inflammation beset the collapsed lobules. And, as I had not very long since an opportunity of noticing in a child, the fact of the sound becoming under observation less and less changed by the breathing effort, goes to prove that this condition of things has happened.

In *acute lobar pneumonia* the dullness on percussion remains unchanged by a full inspiration during the stage of perfect hepatization. As resolution begins, the note heard on respiratory percussion is more resonant, more pulmonary. And this change may show itself in advance even of returning crepitation. Thus, in a case of pneumonia of the middle of the right lung which I saw last winter, and in which loud rales completely masked the blowing breathing, the dullness on percussion was found to be uninfluenced by full held inspiration, excepting the slightest rise in pitch. As, however, resolution began, and before returning crepitation was marked, respiratory percussion returned distinct pulmonary resonance.

*Chronic pneumonia* is so closely associated in its clinical features with phthisis, that it will be more convenient to discuss some of the traits when examining into this malady. But

I may mention here what I have noticed in some cases of chronic pneumonia in which I know the further progress of the affection, and am cognizant that it ended in recovery.

In one instance, in a child eight years of age, in which the lung fully, though very gradually, cleared up, the consolidation was found at the lower part of the left lung, nine months after an attack of acute pneumonia. The dullness was decided, but did not amount to flatness. It lessened considerably on full held inspiration, proving that the lung texture was already partly pervious. I considered this a favorable element in the prognosis, and the opinion given was confirmed by the issue.

While alluding to this case, I may mention a further point it suggests with reference to the mode of diagnosis under discussion. We see, at times, puzzling cases of persons who, with organic valvular disease, have been spitting blood, are perhaps born of consumptive families, and have suspicious physical signs at the apex of a lung, have impaired breathing, somewhat prolonged expiration, râles, slight percussion dullness. Is there or is there not tubercular disease? Very generally not. And we find the apparent dullness, due to heavy local congestion of the lung, with possibly slight tissue consolidation, wholly, or at least very largely, disappearing under full-held inspiration, far more so than if with the same physical signs there had been tubercular deposition.

In cases of *pleurisy* we obtain much aid from respiratory percussion. Over the seat of plastic exudation of ordinary extent—instances of an extraordinary kind I have not had occasion to observe since engaged in this inquiry—forced inspiration diminishes the slight dullness that exists. Over the seat of a marked pleuritic effusion, actually no change takes place in the flat percussion note. At the very edge, however, percussion practised during held inspiration strikingly clears the sound, or, rather, brings out the contrast between the pulmonary resonance above and the abrupt tone of dullness. We can turn this well to account in those instances we sometimes meet with where, with dullness at the lower part of the chest, we are in doubt if the trouble be pleuritic effusion or chronic pneumonia. When, by respiratory percussion, the dullness at its uppermost limit becomes sharply defined, while it is unaltered below, it is an effusion. When the dullness changes in part or remains unchanged without a sharp line developed on full breathing, it is consolidated lung. I found this admirably illustrated in a case I saw in May, 1874, and watched for seven months afterwards. Here ægophonic twang existed just at the edge of the effusion; the lung was slightly dull, but on respiratory percussion cleared, and the abrupt dullness proved the affection pleuritic.

Of still greater value is respiratory percussion in those instances of pleuritic effusion in which we have blowing respiration at the back of the lung, and in which the question arises whether or not pneumonia coexists. How difficult it may be to settle this question is seen by the long and cumbersome rules laid down by leading authorities, and withal the amount of diagnostic trust to be reposed in them is not so great, that it is not generally acknowledged that the rules may mislead. The test I beg to offer is the simple one already indicated, somewhat extended. At the lower part of the chest the flat note remains unchanged; so will the sound over the upper part of dullness by forced respiration be practically uninfluenced if there be pneumonic consolidation. But if the blowing respiration be simply from compression or condensation of the lung, and not from hepatization, decided clearness takes the place of the dullness.

In turning to *phthisis*—and I use the word now without attempting to distinguish the varieties particularly—we find respiratory percussion giving us much to study. Indeed, so many points arise that I shall in this paper do no more than attempt to bring forward some of those that are clearly defined. In the very early stages of tubercular deposit, when auscultation detects for us prolonged expiration just beginning, with, perhaps, some enfeeblement of the inspiration at the apex, and ordinary percussion shows but little, or a doubtful difference between the two sides, respiratory percussion may help us greatly by making the difference more marked. It seems at times, on the affected side, to develop a dullness which previously cannot be said to have existed; or at all events, if it do not give this result, it makes the resonance of the damaged lung only slightly greater, raises the pitch, too; but does not bring out these changes strikingly as it does on the healthy side. On the other hand, in more than a few instances of persons who had been losing flesh, came of a tubercular family, had want of expansion at the upper part of the chest, and in whom the diagnosis of tubercular disease seemed probable but was doubtful, I have allowed myself to be influenced by the normal results developed by respiratory percussion, and, tracing these cases up for long periods, have found that the impression made, proved correct. And with these normal results I must class the fact that percussion in full expiration, while it showed less resonance, did not exhibit that decided modification and lessening of pulmonary tone we obtain when the lung has begun to be solid.

There are some other matters connected with the beginning of tubercular disease, such as the varying changes of pitch and duration, the alteration of sound in character, approaching a tympanitic note, which I shall allude to but not dwell on; partly because it would lead me

into discussions at variance with the limits I have set myself in this paper; partly because I have not fully solved some of the problems presented, and wish here rather to announce such general facts and laws as experience has abundantly proved.

When we have the deposit decided, and dullness manifest on ordinary percussion, respiratory percussion may show but little change in forced inspiration, except a slight rise in pitch, or the pulmonary resonance may be partly restored. In the former case the deposition is extensive; in the latter it is not; and we may thus have some means of gauging the amount of disease in the portion of lung over which we are examining, or, in other words, of seeing about how much of the pulmonary tissue is still capable of performing its function. Where we have both the apices decidedly affected, the physical signs by the method of exploration under discussion are not so easily made out, as comparison becomes more difficult; yet we generally find that the resonance of neither side is increased, is in truth usually decreased on full held inspiration, while the pitch is raised, and that forced expiration shows dullness and considerable resistance to the striking finger. As regards the forms of consumption, there has not, so far as I have studied the matter, been any difference discernible; indeed, as the same physical conditions may occur, so will the same physical signs. In instances of pneumonic phthisis I have often found, where the disease affected the lower lobe, the most obvious dissimilarity between the lower and upper parts of the chest; if percussed during the acts of breathing, large portions of the lung may still partially clear up. But there is nothing different in this respect from what has already been said in speaking of chronic pneumonic consolidation.

When, in a case of phthisis, we find that the dullness on percussion is no longer modified by the forced inspiration, we have a certain test of the malady having progressed. And this test may be made a very delicate one. I have recently examined a gentleman in whom the physical signs of crackling and prolonged expiration were the same as when noted eight months ago. The vesicular murmur had become feeble in inspiration; this was the only decided change. Yet he had night-sweats, was worse in several respects, and respiratory percussion alone, which showed dullness scarcely influenced, and very unlike what it was at first, really demonstrated that the lung affection had extended, and brought the physical signs into connection with the general symptoms.

Let us now turn to the stage of phthisis in which cavities have formed. Do we derive any information here from respiratory percussion? Yes, most interesting. We find the percussion note in full inspiration altering to dullness, and this whether we have that mixture of dull and

tympanitic sound encountered in percussing over cavities, or the cracked-pot sound, or the amphoric note. Some remnant of the peculiarity of the original sound may remain; but the character of the bulk of the sound is altered. It has become dull, and there is more resistance, and usually a higher pitch. Let me cite briefly a few illustrative cases, selected from many and very similar observations:

The case of a man in the Pennsylvania Hospital in January of this year, who had, immediately under the left clavicle, crackling, prolonged expiration, some dullness; in the second interspace, two inches from the left of the sternum, cracked-pot sound, bronchophony, approaching to pectoriloquy, respiratory sounds obscured by heart sounds. Full held inspiration lessened the dullness somewhat immediately under the clavicle, and raised the pitch; its effect on the spot of the cracked-pot sound was to largely destroy it, render the sound duller, heighten the pitch.

In the case of a tubercular woman in the hospital in 1871, there was hollow respiration under the right clavicle. Percussion showed dullness, mixed with a tympanitic sound; the note became duller, and of higher pitch on full held inspiration. On the left side anteriorly, where amphoric respiration and amphoric percussion sound were found, forced inspiration produced the most marked change to decided dullness.

A man died in the hospital in December, 1870, who, examined a few days prior to death, presented at the left apex dullness mixed with a cracked-pot sound; at the lower part of the chest the sound was simply dull. There was dullness on percussion also at the right apex. A full held inspiration seemed to develop this more decidedly, and raised the pitch. At the left apex the sound became duller, and the cracked-pot sound disappeared. The dullness at the lower part of the chest was somewhat lessened. At the autopsy there was almost uniform infiltration of tubercle of the upper lobe of the right lung anteriorly, less posteriorly; in the upper lobe of the left a cavity was detected  $3\frac{1}{2}$  by 2 inches, the long axis extending obliquely downwards and somewhat backwards. The walls anteriorly and at the apex were only one-sixth of an inch in thickness. The remainder of the lung was much infiltrated, with grayish and cheesy masses.

The law these cases illustrate I hold to be invariable where the cavity is of any size. I suppose the explanation lies in the tenser condition of the walls of the excavation produced by the forced breathing. This may be the reason why the more rigid walls of a bronchial dilatation are not thus modified, and do not show the altered percussion phenomena; and I believe that we shall find in this a means which, in doubtful instances, will decide between the two affections. I cannot quite posi-

tively say that no change ever takes place in bronchial dilatation, for the opportunities of investigating marked cases of this comparatively rare disorder have not been very many since I have been studying the subject. But I can say, that thus far I have found the rule laid down without exception. Not only is there no dullness produced on full held inspiration over the seat where the auscultatory signs of a cavity are caused by the dilated bronchus, but, as I had occasion to study in a case that presented itself last October, and was watched for some time, the mixed, dullish yet vesiculotympanic percussion resonance became much clearer, and rather more tympanic, nearly all dull admixture being lost.

We have thus far, for the most part, been examining affections in which alterations of dullness and questions of consolidation are the most prominent. We may now review some in which excessive clearness, or at least modifications produced by large amounts of air, are the striking traits; for example, pneumothorax and emphysema. In *pneumothorax* I think that respiratory percussion will tell us—a point often of a great deal of doubt, yet of much importance—whether the opening through which the lung communicates with the pleural sac is closed or not. When full inspiration does not modify the percussion note, the former state of things exists, excepting if the lung be expanding again after tapping, or the use of the aspirator. When the extreme resonance, or the tympanic or amphoric note is essentially changed, we may, I believe, infer that the air still rushes from the lung into the artificial cavity in the pleura. I say I believe; because, though it has proved so in every instance I have thus far examined, I have not in enough compared the post-mortem results to announce the law as an invariable one. From this case under my care at the Pennsylvania Hospital in 1870, some of the points alluded to can be well learned:

A young Canadian, evidently tubercular, had, five weeks before admission, sharp pain in the right side of the chest, followed by great shortness of breath. Percussion yielded an amphoric note from the third rib down; above it was dull, with an amphoric admixture of sound. Auscultation showed metallic breathing, but neither tinkling nor splashing was discernible. Full held inspiration at the right apex rendered the percussion sound clearer and more resonant; below the third rib it dulled it, almost destroyed its amphoric character, heightened the pitch. This observation was repeated over and over again. On opening the thorax at the autopsy, a large amount of air escaped from the right pleural cavity, which contained no fluid whatever. The lung was very much compressed and contracted, and adherent to the chest-walls by long, but thick adhesions. It showed tuber-

cular deposits, and a few points of softening near the pleura; one of these had bursted, and the point of rupture was found in the anterior surface of the lung, just below the apex.

In *pulmonary emphysema* respiratory percussion gives most valuable information. It helps us to establish the presence of the disease; it enables us to form some idea as to its extent. And it does so in this manner: In marked emphysema the excessively clear or vesiculotympanic note is unchanged by percussing during the act of breathing; when the emphysema is not so great, it is slightly changed. But if emphysema be present at all, except to a trifling degree, the sound is not very much altered, and we are thus, in many a doubtful case, with asthmatic symptoms, greatly aided in deciding whether dilatation of the air vesicles exist or not. I have notes of numerous observations proving the correctness of these statements, and I had thought of illustrating this part of the subject with them. But they are so positive, and the general law they make out is so clear, that it would seem a useless reiteration of readily ascertained facts. In truth, I look upon the evidence elicited by respiratory percussion with reference to emphysema as being one of the most serviceable contributions that has come from its study.

Thus here, as in previous sections of this paper, I have endeavored to show how respiratory percussion may be made available alike in detecting disease and in ascertaining its limits. I have tried to make clear that it helps us often where we most need help; and though it requires care and some training to practise, it does not do so in any greater degree than that important science of which, I trust, it may form henceforth a recognized branch.

#### PRESERVATIVE USES OF CHLORAL.

Over a year since, Dr. W. W. Keen, of Philadelphia, called attention to the utility of chloral hydrate as a preservative of subjects for dissection and of pathological preparations. Continued investigations in this direction have more fully confirmed him in the then expressed opinion, that in this agent we have in our possession a long felt desideratum. In the current number of the *American Journal of the Medical Sciences*, he presents in detail the results of his studies, which, from their unusual interest and practical importance, we shall take the liberty of abstracting for the benefit of our readers:

*Microscopical Examinations.*—The remarkable preservative powers of chloral (see below, "Pathological Uses") suggest at once an important use which may be of the greatest convenience to teachers of anatomy and microscopy and preceptors who wish to show the tissues, viscera, etc., to their office students.

It is not always convenient to obtain fresh specimens of the liver, glands, intestines, stomach, bladder, etc., for teaching purposes. I hope that in chloral we may find an easy remedy. Small animals, such as kittens, rabbits, guinea-pigs, frogs, mice, etc., may be injected with a twenty-grain solution, and placed in a bottle to prevent evaporation. They will then be ready at any moment for such purposes. Wet specimens of a similar character can also be kept in ordinary jars, corked, or covered with rubber or oiled cloth.

*Pathological Uses.*—Its power to preserve specimens, whether solid or fluid, was tested by the following means: Pus from an acute abscess, preserved since March 4, 1874, partly with 5 grs. of chloral to the ounce, and partly 20 grs., was examined October 2, 1874, that is, seven months after the addition of the chloral. The nuclei were well developed by acetic acid, and readily stained by aniline. On April 20, 1875, after a lapse of thirteen months, the nuclei were still visible, but not so clearly as before. They were rather more granular in their character than at first. The dead bacteria observed March 10, 1874, were also distinctly seen.

Mutton which had been placed respectively in 5, 10, 20 and 60 grain solutions on October 22, 1873, was examined carefully at intervals without much change being observed. April 20, 1875, 18 months after being placed in the solution, it was examined again with care. The piece in the 5 gr. solution showed the transverse striation well, but had undergone some granular change. The other pieces were perfectly well preserved, all the microscopic appearances being normal, and the reactions of the muscular, connective, and elastic tissues to acetic acid and staining being as sharply defined in all respects as in fresh tissues of the same character.

The following specimens of urine, to which a pinch or two of chloral (crystals) had been added, were also examined on April 20, 1875. Each specimen had been examined and labelled with the nature of the deposit, etc., and date when first obtained.

1. Specimen obtained March 21, 1874, containing spermatozooids, mucous corpuscles, oxalate of lime, epithelium, and bacteria. April 20, 1875, (18 months), the mucous corpuscles were not seen; all the others were perfectly preserved.

2. October 19, 1874, uric acid, oxalate of lime. April 20, 1875 (6 months), perfect.

3. February 5, 1875, albumen, tube casts, epithelium, mucous corpuscles, uric acid. April 20, 1875 (2½ months), albumen, as before, coagulable by heat and nitric acid, whether alone or together, and the other elements perfectly preserved.

4. September 4, 1874, albumen, tube casts, mucous corpuscles. April 20, 1875 (seven

months), albumen perfect in its reactions, casts obscured by an apparently large increase in the number of mucous corpuscles. It was impossible to remember how many of these there were originally, but it was evident that they did not obscure the other deposits before, and they do now. It may have been possibly only the aggregation due to the prolonged settling of the sediment. On the addition of acetic acid the nuclei could not have been better developed had it been a perfectly fresh specimen.

The condyloma placed in a 40 gr. solution December 25, 1873, after 16 months, is still in a perfect state of preservation. A 6 weeks' foetus placed in a 40 gr. solution March 10, 1874, is, after 18 months, perfectly preserved. Kidneys, hearts, and numerous other similar wet preparations placed, during last summer and fall, in 20, 30, and 40 gr. solutions, have all kept perfectly.

1. *Preservation.*—It seems to preserve all specimens, both solid and fluid (except, probably, invertebrates), with their general characteristic appearance, texture, and consistence. To this we must add that, except that the water gradually decolorizes them, the color is for a time better kept than with any other agent. Hence, for temporary preservation of specimens for exhibition at medical societies, it is preferable to any other agent. For permanent preparations, as far as tested (say fifteen to eighteen months), it has answered better than other preservatives. To this a partial exception must be possibly made in very fatty specimens, though further experience may show this to be wrong. I know of no other agent which will preserve *fluid* and semi-fluid specimens such as I have named, of normal color and reactions with their delicate morphological elements intact, to anything like the same extent as chloral.

2. *Cost.*—The expense is vastly less. Alcohol costs now about \$2 per gallon, and if it be used of even 50 per cent., the cost per gallon is \$1.50. A gallon of a solution of chloral gr. xv ad f̄j will cost 66 cents, and if the damaged chloral be used (and Dr. Longstreth has used nothing else), the cost is but 33 cents. The jars also need not be hermetically sealed. Hence, ordinary jars closed by a stopper, a cork, or even covered only with rubber cloth, or some such means, will answer perfectly well, and the labor and cost of sealing be avoided. Any evaporation of the water only makes the solution stronger, and an annual inspection of the museum and the addition of the water lost in a few specimens is a slight trouble and no expense. Any turbid sediment which often collects in alcoholic specimens and also to some extent in chloral, can be at the same time removed.

3. *Accessibility.*—The specimens are thus perfectly accessible at all times. Often when

examining a special point, much could be settled by the handling of a specimen. The eye and the microscope could be employed at any time, but as our specimens are now mounted, the eye is often deceived by the distortion of the round jar, the fluid acting like a lens, and the microscopic examination is out of the question. No teacher can use to any good purpose a permanent preparation as at present prepared. Could the specimens be taken out, shown to the students, and replaced without trouble, the usefulness of our museums would be increased ten-fold.

**4. Preservation of Pus, Urine, and other Fluids.**—For purposes of study for some days, or for preservation indefinitely so that these fluids may be used with students at any moment, chloral offers great advantages. No other agent I think can replace it. It should be added in crystals and not in solution as that would change the specific gravity of the fluid and so possibly react on the morphological elements. I generally add a pinch or two to a 4 oz. bottle without being very exact as to measurement. I judge it to be about gr. x ad f3j. The advantages especially in the urine are very great. It is not always convenient to examine a specimen at the moment of its reception. In summer the specimen will spoil very quickly, and in case of absence it may be most convenient to defer the examination a few days. Or, again, a patient, after having been under treatment for a time, may go away for a summer trip, or may desire to return to a distant home, and yet we may wish to keep the urine under observation. In summer the specimens will spoil if sent by express to any distance, but the experiments detailed above demonstrate, that, if chloral be added to it, weeks and months may elapse before any change occurs, and the kidneys may therefore be watched, no matter at what distance the patient may be. In order to determine the question whether it might not interfere with the chemical examinations requisite in such a case, I requested Dr. Henry Leffman to experiment upon such specimens and determine the facts. It will be seen by his report that either the pure or impure chloral may be used, and that with the exception of the urea and sugar it does not interfere with the ordinary urinary tests.

Subjects injected with chloral are in every way superior to those injected with other articles. They are entirely free of disagreeable odor, and the various viscera and tissues are as nearly natural as possibly can be; the blood, instead of being a dirty pasty mass, is semi-fluid, the muscles are bright red, and the vessels and nerves are readily distinguished; the fingers and toes are as soft and pliable as in life, the subjects do not become mouldy, and retain the natural softness of the living body.

For purposes of injection, one-fourth of a pound of chloral to six or eight pints of water is recommended. The best chloral costs \$2 a pound, but a damaged article, equally good for this object, can be had for half the price, this would make the cost from 25 to 50 cents for each subject. In an addendum to his paper, Dr. Keen mentions having injected two subjects with chloral, the first he had an opportunity of trying during warm weather. Both kept well for three or four weeks, and then began to decompose, but with little odor. He expresses surprise at this, for the bodies injected in cold weather, kept well during subsequent hot weather. If, however, the difficulty hold good in later trials, it will still be the fact, that in winter and autumn no other agent has equal advantages as a preservative of subjects for dissection.

♦♦♦♦♦  
**A CASE OF DILATED HEART FROM VALVULAR LESION, IN WHICH THE RIGHT VENTRICLE WAS TAPPED BY ERROR, NOT ONLY WITHOUT HARM, BUT WITH RELIEF OF SYMPTOMS.**—Dr. George Evans related the particulars of this case at a late meeting of the Clinical Society of London (*British Medical Journal*, May 20, 1875). A woman, aged twenty-seven, was admitted into Middlesex Hospital, under his care, on February 22d, 1875. She was then suffering from acute rheumatism and heart disease, probably the result of a former attack of the same disease. The area of præcordial dullness was increased; there were murmurs at base and apex, and there was considerable dyspnoea. By the 26th, the præcordial dullness had increased considerably; there was very obvious bulging of the chest-wall; the heart sounds were "muffled;" the distress of breathing was excessive, threatening very speedy death; and on consultation, it was determined to tap the pericardial cavity, with the hope of relieving the more distressing symptoms. A fine trocar was introduced by Mr. Hulke, to the depth of about half an inch, in the fourth interspace, about half an inch to the left of the sternum. On removing the trocar, a gush of dark blood issued from the canula, and the instrument was felt to be moved in accordance with the action of the heart. The canula was almost immediately withdrawn, not more than about a drachm of blood having been removed. During the operation, no change was observed in the patient's pulse; after it, she expressed herself as feeling relieved; and the night was the best that she had passed since admission. During the next few days she seemed better; the præcordial dullness gradually diminished. She had signs of pleurapneumonia of the right lung at the time the operation was performed; and there was some fluid effusion in the right pleural cavity, and, later, in the left. After improving in general condition for a week or two, she gradually succumbed to general



oedema, four weeks after the operation. It was decidedly the opinion of those present at the operation, that the trocar was inserted into the right ventricle. At the *post-mortem* examination, the heart was found to be extremely enlarged, with a universally adherent pericardium, the adhesions being evidently of considerable age. The interest of the case lay in the fact that (presumed) puncture of the right ventricle not only led to no ill results, but apparently gave temporary relief in a perfectly hopeless case; and it also illustrated the difficulty of diagnosing between pericardial effusion and an extremely and rapidly dilated right heart.

In reply to the president, Dr. Evans stated that no trace of a cicatrix could be found in the substance of the heart nor on the inner wall of the ventricle, although search was most carefully made. Mr. Hulke said there was no doubt that the fine trocar entered the heart, for it oscillated with the cardiac pulsation. Another time, he should prefer to connect the needle with some kind of exhausting chamber, and to push it in very slowly; one might then stop immediately fluid appeared. The position he had chosen he considered to be the best one at which to tap the pericardium; it was away from the heart's apex and the internal mammary artery. He was very much concerned when he saw the blood flow; but, in half an hour, the woman expressed her thanks for the relief afforded her. Dr. Southey had seen a similar case at St. Bartholomew's Hospital, in which the trocar entered the left ventricle; and in a little while the patient died with the pericardium filled with blood. In that case, the surgeon was quite sure his trocar had entered the heart from the movements he felt. The president remarked that death was not due simply to the instrument perforating the heart, but to the subsequent pressure of the blood which escaped into the pericardium. Dr. Broadbent quite agreed with the president in that remark, and thought the relief in Dr. Evan's case was not due to the escape of a drachm or two drachms of blood, but that the benefit was produced by the operation stimulating the heart to increased action, so that it could more thoroughly expel its contents. It was, in one sense, a pity that more blood was not taken at the operation. Dr. Yeo referred to a case in which puncture was made to relieve pericardial effusion. The child lived for weeks, and, after death, a scar was found in the heart, but no ill-effects had resulted from the puncture. Mr. Hutchinson asked if any adhesions of the pericardium were found in that case. Dr. Yeo replied, "None." Dr. Farquharson gave particulars of a case which he had formerly brought before the Medical Society of London. The heart of a boy had been punctured by a knife to the depth of half an inch at the apex; the accident was followed

by intense collapse and pericarditis. In looking up the literature of the subject, he had found, in the *British Medical Journal*, reference to some observations by Dr. Steiner, of Vienna, who had announced, as the result of experiments upon animals, that either ventricle might be punctured with a needle without evil effect, but that puncture of either auricle with the needle was always followed by fatal hemorrhage. The president, in reference to Dr. Broadbent's remarks, considered that two drachms of blood taken from an overdistended right ventricle might surely relieve it, enable it to act more vigorously, and so have a good effect.—*Abstract Medical Science.*

**ACTION OF BILE AND ITS DIFFERENT ELEMENTS.**—In *Robin's Journal de l'Anatomie et de la Physiologie* for March and April, we have the conclusion of MM. Felz and Ritter's experimental researches on the action of bile and its different elements on the system.

The experiments were commenced by injecting fresh ox-bile into the veins of dogs; generally one of the veins of the neck was chosen. The experiments were made with great care. The condition of the animals subsequent to the injections was minutely noted. Analyses were made of the blood and urine, and the results arrived at were, briefly, as follows:

Fresh bile has no serious action on the economy, unless introduced in large quantities.

In doses of from two to eight grammes the bile is rapidly eliminated by the kidneys, the salivary glands and the intestines. The animal only experiences a temporary malaise. After larger doses the symptoms become more grave; bilious diarrhoea sets in, with vomiting, first of the food, then of bile and blood; the urine becomes bloody; the animal loses flesh rapidly and refuses food; the temperature is below normal. But in spite of the gravity of the symptoms, the animal usually recovers, if the poisoning is interrupted before the nervous system is affected.

In large doses of from fifteen to twenty-five cubic centimetres bile is a violent poison, producing, first, tetanic convulsions, then coma and death. In none of these experiments was any yellow coloring of either the sclerotic or mucous membranes observed. The blood did not coagulate readily; seemed more fluid than normal. The serum was colored red, showing an escape of the coloring matter of the globules. The globules themselves had lost their elasticity. If compressed by pressure of the covering glass, on a glass slide, under a microscope, they did not recover their form when the pressure was removed.

Indican was found in the urine, as well as the biliary salts and a feeble proportion of the coloring matters of the bile.

In the next series of experiments, the biliary salts obtained from ox-bile, were injected into



the veins. A mixture of the glyco-cholate and tauro-cholate of sodium was first used, and in subsequent experiments the salts were employed separately. It was found that the mixture of the salts was, when used in any considerable quantity, an active poison. The system reacted vigorously in the effort to throw off the poison, and a great increase of all the secretions was the result. The intoxication manifests itself especially in the red globules of the blood. These were dissolved; their coloring matter escaped largely in the urine, and in one or two instances crystals were found in the blood. This altered condition of the blood produced difficult circulation, rupture of the capillaries and consequently hemorrhages from the mucous surfaces.

If the action of the poison was slow, fatty degeneration of the liver and kidneys was produced. In view of the fact that these lesions of the liver, kidneys and blood, are those noted by the best authors as characteristics of severe cases of jaundice, it is suggested that the alarming accidents, often arising in these cases, as hemorrhage or convulsions, may be due to individual conditions which increase the secretion of those salts.

The salts were found identical in the character of their action on the system, but not in the degree—the tauro-cholate being very much more energetic than the glyco-cholate.

The derivatives of the acids of the bile are next studied. Glyco-cholic acid breaks up into cholic acid and glyco-colle; tauro-cholic acid into cholic acid and taurine. Cholic acid, by the loss of successive molecules of water, may be transformed into choloidic acid and dyslysine. Of all these substances, cholic acid alone was found to have any effect on the system. Its effects resemble those of the biliary salts, but are incomparably weaker.

The coloring matters of the bile are rapidly eliminated by the kidneys, and produce, beyond an obstinate constipation, slight lowering of the temperature and increase in the quantity of the urine, no marked effect upon the system. To produce even a slight and transient jaundice, it was necessary to inject very large doses.

From the injections made with cholesterine, it was concluded that cholesterine is not a poison in itself, but that it may accumulate in the blood beyond the maximum of its solubility, and in that case it becomes a cause of emboli, which of course depend for their gravity on their situation.—*Detroit Review*.

**PREVENTIVE MEASURES IN SYPHILIS.**—Mr. Acton recently read a paper before the Royal Medical and Chirurgical Society of London, from which we make the following extracts:

His paper commenced by stating that when he returned to England, after the completion of his studies in Paris, he was greatly struck

with the severity and number of cases of syphilis in London, as compared with Paris, and as a consequence of this he brought the subject before the notice of the Society in 1846, and again in 1860, showing that the Belgian and French troops were much less attacked by venereal affections than the English. In 1873 he found that in districts in England where the troops were not what he called protected from the women, primary syphilis still existed in the proportion of 123 per 1,000 men annually. He maintained that syphilis could be prevented and stamped out by providing ready means of ablution, and destroying the local form of contagion, and warning male patients not to infect other persons. The institution of hospitals, whether free or otherwise, was one remedy, for treatment of prostitutes as out-patients was quite inadequate. They should be segregated as soon as diseased, and not allowed to leave hospital until they are quite cured. By doing this, as at Hong Kong and Dartmouth, the disease had been reduced to a minimum. In his visit to Brussels, in 1874, Mr. Acton had visited the Military Hospital, where he found only three cases of syphilis among the private soldiers, and two among the non-commissioned officers, out of a body of 3,500 troops. There were only nine women confined to hospital for venereal disease, showing that in Brussels the police inspection had nearly stamped out the disease. In Paris he visited the military hospitals, and could only discover six cases of primary disease, and eight of secondary syphilis, among 3,841 men forming the garrison of Paris. Disease among the females was very slight also, and Mr. Acton attributed this decrease to the police regulations. He gave a table showing that in the St. Lazare Hospital he only found 23 cases of primary disease among 202 patients in this prison, which is under the police surveillance. With respect to England, Mr. Acton said that Parisian medical men alleged that British travelers, like sailors, were the cause of much of the disease in Paris, and that the disease would ere now have been stamped out had it not been that England and other similar countries went on continually introducing fresh cases into Paris. In London he found at the hospital of the Foot Guards 24 cases of primary disease among 408 single soldiers in the second battalion of the Coldstream Guards quartered in London. In the first battalion of the Scots Fusilier Guards he found 25 cases of severe forms of syphilis among 505 unmarried men. He handed in a table extending over a year, which showed that one-fifth of the whole number of troops quartered in London in 1874 were affected with primary sores, which would have incapacitated the men from duty for a period of six weeks on an average. Perhaps 164 of these men would have secondary disease, requiring mercury, which would further incapacitate them

from duty for a period of two months or so, and this would debilitate them greatly. Comparing the syphilitic affections of the Foot Guards with those among the troops quartered in Paris, he showed that 500 troops in London had more disease than 3,841 quartered in Paris. Mr. Acton considered that one-half the prostitutes in London were diseased; whereas of those in the districts under the Contagious Diseases Acts only about 8 per cent. were found affected at periodical examinations. It appeared that at Woolwich, during 1871-2-3, only 1,085 cases of primary sores were treated in hospital, out of a garrison of 18,250 men, or only one man was infected in 17 soldiers, instead of 1 in 6, as in London. He therefore, in conclusion, looked upon the advantages of supervision of prostitutes as no longer a problem, but as an undoubted fact.—*Medical and Surgical Reporter*.

**ETHER AND CHLOROFORM.**—Prof. Schiff made a verbal communication to the Medico-Physical Society at Florence, at their meeting on March 1st, in which he related the results of upwards of five thousand experiments on the differences between anæsthesia produced by chloroform and that produced by ether. With both ether and chloroform, paralysis of conscious sensation; paralysis of the movement of voluntary muscles; paralysis of respiration, circulation, and, finally, paralysis of the heart and the vaso-motor nerves occur. Respiratory paralysis is produced by ether when circulation and blood-pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases, but it is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paralysis. Under these conditions, and when vascular paralysis lasts over thirty seconds, artificial respiration is useless, because there is no longer any exchange of gases, the blood-pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life, when etherization is employed, whilst it may be so with chloroformization; because sometimes it is possible to produce some automatic respiratory movements, but, nevertheless, respiration ceases immediately, and the animal dies. With etherization, on the contrary, when some automatic inspirations are obtained, it may be taken as certain that respiration will continue, and that the animal will live. Professor Schiff affirms that, in the present state of science, there are no means which will show us how to recognize, so as to prevent them, the tenden-

cies which may cause death in some animals, after the first inhalations of chloroform, before having produced true anæsthesia. The reverse occurs with ether; so that it may be said that in the present state of knowledge the surgeon is responsible for the death of the individual by etherization; whilst he is not responsible when death occurs during chloroformization. Professor Schiff, therefore, deduces from these facts the following conclusions: 1. The phenomena relating to the paralysis of sensibility and movement are common to both ether and chloroform. 2. The two other orders of phenomena, that is to say, those relating to vascular and respiratory paralysis, often show themselves in inverse order with reference to these two agents. 3. With chloroform, however, either the one or the other of these two paralyses may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance. Therefore, the use of chloroform should be rejected, and ether only be used.—*British Med. Jour.*—*Med. News and Library*.

**GLEANINGS FROM THE GERMAN.**—By H. Gräde, M. D.—Dr. Sale has introduced remedies into the cavity of the uterus by inclosing them in gelatine capsules and bringing them into place by means of forceps (*Allg. Wien. Med. Zeit.*, No. 19).

Guillaumet (*Journal de Ther.*, 1874, No. 3) recommends bisulphide of carbon very highly in atonic ulcers, the surface of which he paints with the same, afterward dusting on subnitrate of bismuth or starch powder, and covering it with dry charpie, according to the amount of secretion. By the rapid evaporation cold is produced, and the granulations become pale at first but soon redden, while an intense pain, lasting twenty to sixty seconds, occurs. This is sometimes followed by local anæsthesia for hours. The violent pain, however, is lost in repeated applications. Improvement occurs very rapidly, even in the most obstinate cases.—*Centralblatt fuer Chir.*, No. 20.

According to Miremond (*Journ. de Med. et de Chir.*), five to ten grammes of red precipitate ointment applied with friction, for one to two minutes, around and to the surface of a carbuncle, causes immediate amelioration and resolution within two to three days, without suppuration.

After various attempts by different physicians to render the urine acid by internal administration of different acids, which all, however, passed into the urine in the shape of neutral salts, Gosselin and Robin recollected the peculiarity of benzoic acid, which leaves the system as hippuric acid. The same is the case with cinnamonic and salicylic acids, and the acids derived from Balsam Tolu and B. Peru. A daily dose of thirty to ninety grains of this agent has no unpleasant consequences

except a slight momentary burning and subsequent dryness of the pharynx. As the drug is soluble only in 607 parts of cold water, it is best administered in a mucilage of sugar and water. In five to nineteen days, on the average about the seventh or eighth day, the quantity of phosphate of calcium, pus and blood, as well as the fetor of the ammoniacal urine of cystitis, begin to diminish gradually. The authors have arrived at the following conclusions:

1. Before undertaking a serious operation on the urinary organs, it is advantageous to obviate, or at least diminish, the alkalinity of the urine.

2. This purpose is best attained by the internal use of flores benzols, and the balsams containing salicylic or cinnamonic acids.

3. The hippuric acid contained in the urine acts in the following manner:

- a. Hippurate of ammonia is less poisonous than the corresponding carbonate.

- b. Hippuric acid retards the fermentation of the urine, and hence also the formation of carbonate of ammonia.

- c. It prevents likewise lithiasis and consecutive cystitis.

4. Hence the drug is indicated in purulent cystitis.—*Allg. Med. Cent. Zeit.* No. 40.—*Med. Examiner.*

**SUBCUTANEOUS INJECTION OF CHLOROFORM IN THE TREATMENT OF FACIAL NEURALGIA.**—Geo. Wood, M. D., C. M., in the *Canada Medical and Surgical Journal*, writes as follows:

D. C. H., aged about fifty, dark hair, eyes and complexion, very spare, weight one hundred and twenty-five pounds, has suffered from facial neuralgia of left side of the face since 1854, has undergone all systems of treatment with little or no relief. In 1872 had the lower jaw trephined and a section of the nerve removed, this gave him relief for several months, but eventually the neuralgia returned harder, if possible, than ever. He first came under my care in August, 1873. I gave him different iron tonics, bark, hypodermic injections of morphia, croton chloral hydrate, and also all the different and various neuralgic pills that I ever heard of, with but temporary success.

In August of 1874, I injected fifteen minims of chloroform underneath the mucous membrane of the lower jaw, as near the exit of the mental branch of the fifth pair as I could. It gave him entire relief in an hour, but caused partial paralysis of the muscles of the left cheek. In a week I repeated the injection and put him upon drachm doses of the elix. of guarana three times a day. In September and December, and also in April, he had a very slight return of the pain, each recurrence being less severe. At each of these times I repeated the chloroform, and he now seems to be entirely well.

My partner, Dr. Rose, had a lady patient, unmarried, aged about forty-five, who had been a terrible sufferer from the same disease for seventeen years, had consulted the most eminent men in this and foreign countries, and had tried all the prescriptions recommended. The only thing that gave her any relief was the hypodermic injection of morphia. She was obliged to use them, sometimes several times a day. Her mind and morals were very much disordered. Dr. Rose tried the hypodermic use of chloroform, and she is now entirely well. Her mind is as clear as of yore, and she seems and acts like a new being. The injection of chloroform is extremely painful unless preceded by an injection of ten or fifteen minims of Magendie's sol. of morphia. If this suggestion can give relief to others suffering from this most painful disease I shall be most happy. I intend using the chloroform in the first case of sciatica that comes into my hands.

**DIABETES MELLITUS.**—The veteran, M. Andral, of Paris, lately reported notes of eighty-four cases of this disease, of which he has preserved written accounts, discarding all others which he had trusted only to memory.

Of these eighty-four cases, two at the period of observation were between the ages of three and five, three between ten and twenty, twelve between twenty and thirty, twenty between thirty and forty, twenty between forty and fifty, thirteen between fifty and sixty, twelve between sixty and seventy, one at seventy-three, and one at seventy-eight. Thus, glucosuria, very rare prior to twenty, becomes less so between twenty and thirty, is at its maximum between forty and fifty, and continues to be often met with between fifty and seventy, after which it becomes quite exceptional; that is, the greatest frequency of the disease coincides with the epoch at which the organic forces are in greatest activity. But the ages thus specified were not those at which the diabetes first made its appearance—which were, in twelve before thirty, in forty between thirty and sixty, and in eight between sixty and eighty. There were fifty-two males to thirty-two females.

The treatment generally followed in these eighty-four cases consisted, in the use of alkaline drinks, and in alimentary regimen composed chiefly but not exclusively of animal substances, to which were added some herbaceous vegetables and ordinary bread. During this treatment the sugar disappeared, not to return again, in only five cases. In some others it also disappeared, but to return again; while in others it remained as abundant as before, or even increased. In these last cases an exclusively animal regimen, unaccompanied by any feculents whatever, was rigidly enforced, and yet the sugar continued to appear. More-

over, this regimen cannot be continued indefinitely, for after a time the patient becomes so disgusted with it, that, whether we will or not, we must give it up.

M. Andral terminates his paper with some considerations as to how far his clinical experience corroborates the theory of diabetes founded by M. Claude Bernard on the results of experiments. He is of opinion that this is the case only to a limited extent.—*Medical and Surgical Reporter*.

**NEURALGIA CURED BY MASSAGE.**—G. Berghman communicated to the Swedish Medical Society the results of the treatment of three cases of neuralgia by massage. The first case was that of a woman, forty-two years of age, who had suffered during more than four years from severe neuralgia of the ulnar nerve. The pains were so severe, and so completely incapacitated her for the slightest household work that she was admitted to the hospital for incurables. On examination, the ulnar nerve was found to be extremely sensitive throughout its entire length, and more especially at the elbow. After the application of the massage for several months, she was free from pain and able to work. The second case was a man, fifty-four years of age, who had for five years suffered neuralgia of the trigeminus in the left side of the face. At last the pains occurred every five minutes during the day and constantly awakened him from his sleep at night. The pain was very severe, but no special *puncta dolorosa* could be discovered. After treatment for six days he had intervals of freedom from pain for three-quarters of an hour; in three days more the painless intervals had increased to two hours, and after ten days' treatment the pains ceased entirely. This patient was exhibited to the society. The third case was a woman, thirty years of age, who had, for more than two years, had the ordinary symptoms of coxydynia. After eight days' treatment she was relieved from the tenderness and pains, and has since remained well.—*Nordiskt. Med. Arkiv.*, Vol. VI., No. 2.—*N. Y. Med. Journal*.

**PULMONARY DISEASES TREATED BY STRAPPING THE CHEST.**—Dr. J. McCrea (*London Lancet*) recommends the following method of strapping the chest in the treatment of phthisis: He uses the emplastrum roborans spread on swan's down. The sheet, being one-half a yard wide, is cut in transverse slips three-quarters of an inch broad. These should be but slightly heated. The first strip runs up the back in the space between the spinal column and the posterior border of the scapula, on the affected side, its starting point being well below the level of the inferior angle of the scapula. It is to be applied deliberately, every portion being well rubbed in before the next portion is

brought in contact with the skin. It is to be carried over the shoulder and down the front of the chest. In rounding the shoulder it is to be pulled tight, and held so while it is being bit by bit, brought into contact with the front of the chest, the chest, just at this period, being in the act of strong expiration. The next strip, which is horizontal, commences at the spine, crosses the posterior end of the first strip, passes under the axilla, and on towards the sternum. It is also to be applied deliberately and with friction; as it is rounding the chest it is to be pulled tight, the patient at the same time making a forced expiration. Other strips are to be applied in a similar manner, vertically and horizontally, alternating, until a proper grasp of the chest has been obtained. The scapula is avoided as much as possible. Some of the horizontal strips should cross the sternum, and some the spine. A large, rectangular piece of plaster should now be applied, occupying the inter-scapular space, and reaching down to the last dorsal spine. Another similar piece is to cover the front and upper part of the chest, between the clavicles and mammae.

The treatment of phthisis by this method is followed by immediate and marked diminution of the cough, cessation of pain, relief of dyspnoea, and reduction of temperature, and the patient usually expresses a feeling of great comfort.

Dr. F. T. Roberts (*Practitioner*) strongly recommends the same procedure in pleurisy, pleurodynia, and pneumothorax.—*Detroit Review*.

**JABORANDI AS A GALACTAGOGUE.**—M. A. Robin (*Société de Biologie*, session of April 10, 1875,) reports a case of facial erysipelas which occurred in a nurse. The milk was suppressed. Under the influence of jaborandi the lacteal secretion was reestablished.

**Precocious Lactation.**—At the same meeting M. de Sinety reported the case of a primiparous female, aged nineteen years, who aborted at two months' utero-gestation. The breasts produced colostrum abundantly and, six days after the abortion, milk possessing normal taste and character. Ten days afterward, although less in quantity, the secretion continued, and there was no doubt but she would have been a good wet-nurse. M. de Sinety also discussed the subject of the secretion of milk found in the breasts of new-born children of both sexes. He has made post-mortem examinations of the mammary gland in still-born children, and has often been able to ascertain the existence of colostrum and milk in the milk ducts, which are lined with the same cubical epithelium as are those of the adult nursing woman. The secretion is not present in all cases, but in many. The liver was found to be fatty, always, in children whose breasts

contained milk, but it was not possible to localize the situation of the fat in the hepatic lobule, nor to state whether the liver produced it, or that it was introduced in the food.—*Le Progrès Médical*.

In the *Press and Circular*, Dr. J. C. O. Will reports having cured three cases of severe facial neuralgia with croton chloral. In the first case three grains relieved the patient in half an hour. The pain recurred on the four succeeding and the sixth and seventh nights, and was relieved in each instance by the same dose, after which time the pain did not return. In the second case, two and one-half grains sufficed to give relief. In the third case related the lady had been suffering for some days with intense pain in the right temple, commencing early in the morning and lasting all day. She was directed to take three grains every second hour till relieved; six grains sufficed, and when visited on the following day was free from pain, and said that soon after the second dose she felt so well that she had been able to serve her customers "just as if nothing had ever been the matter." The writer administers the croton chloral in the form of a syrup, containing two grains to a drachm of a mixture of glycerine and syrup of orange flowers, colored by adding a very minute quantity of tincture of cochineal. This mixture, he says, is both permanent and pleasant.—*Med. and Surg. Reporter*.

**ERGOT IN THE TREATMENT OF INCREASED MAMMARY SECRETION AND INFLAMMATION OF THE BREAST.**—Dr. J. Sehtscherbinenkoff (*Contrablat für Chirurgen-Medical Times*, June 12, 1875) reports some valuable information on the influence of ergot in disorders of the mammary gland.

During an epidemic of ergot poisoning, he observed that in nursing women there was frequently an entire cessation of milk when symptoms of ergotism appeared.

The same phenomenon was observed among cows fed with meal containing ergot.

Regarding the accumulation of milk in the glandular parts of the breast as the chief cause of mastitis, he administered ergot in many cases in which this process was in an early stage, with the happiest results. Further, during actual inflammation of the gland, the use of ergot was attended by a speedy recovery. At time of weaning, the ergot caused a speedy cessation of the lacteal secretion.—*Detroit Review*.

**TREATMENT OF ABSCESS OF BREAST BY COMPRESSED SPONGE.**—A patient had been suffering from mammary abscess for three weeks, but without any special benefit from treatment in checking the discharge of pus. It was decided to try the effect of compressed sponge, and for

this purpose a sponge about ten inches in diameter was subjected to pressure and then applied by means of a bandage over the breast. After it had been in use forty-eight hours the abscess was completely cured. No pain was experienced by the patient, and in this case the opening in the breast was three inches above the dependent part of the abscess. In applying a sponge to the breast in this class of cases, it is found of advantage to compress it when dry. After it is applied to the breast and firmly secured in position, a little water is poured upon it to cause expansion and the necessary pressure.—*Med. Examiner*.

**HYPERIDROSIS RELIEVED BY DIACHYLON PLASTER.**—John M. Bigelow, A. M., M. D., (*New York Med. Journal*), reports having cured a case of excessive sweating of the feet, which had for a long time resisted ordinary treatment, by the application of diachylon plaster. Ordering the patient to take his bed, the plaster was applied in strips twisted around each toe separately, fitting them into the interdigital spaces and completely enveloping the whole foot so that every portion was in immediate contact with the plaster. These strips were removed every morning, the feet carefully wiped with dry, heated flannel, and new plaster strips applied. After thirteen days of this treatment a cure was effected, and for more than a month there has been no return of the sweating.

**CHARCOT ON THE RELIEF OF HYSTERICAL SEIZURES BY COMPRESSION OF THE OVARIES.**—According to Charcot most hysterical seizures are preceded by an aura starting from one or both of the ovaries, and he finds that pressure on the organ indicated causes immediate arrest of the seizure. He illustrated this action upon a patient in the Salpêtrière affected with hystero-epilepsy. The seizure recurred, however, the moment the pressure was taken off. In order to keep up the pressure for a longer time than would be possible with the unaided hands, he recommends an apparatus like a tourniquet. The pressure is to be made in the situation and direction requisite in compressing the iliac artery, and, in fact, this vessel will be felt pulsating under the finger.—*Gaz. Méd. de Paris*, Nov. 5, '75.—*N. Y. Record*, June 19.—*The Clinic*.

Mr. HUTCHINSON has reported several cases of poisoning by homœopathic concentrated solution of camphor. It is much stronger than the officinal spt. camphoræ, containing 1 ounce of camphor to 1½ ounces of spirit.

**BONE-DUST AS FOOD.**—It is mentioned in the report of the school for rickety children, recently established in Milan, that great benefit has been derived from the use of powdered bone, administered in milk.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - August, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDER, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### THE NATURAL HISTORY OF DISEASES.

For a just appreciation of the comparative value of medicinal agents in disease, three important elements must be taken into consideration before any logical conclusion can be reached. They are: first, the diagnosis; second, the natural history of the malady; third, the influence of the imagination. It may be broadly asserted, that to a misunderstanding or misinterpretation of one or all of these essential conditions to a proper valuation of remedial measures, we are indebted, in no small measure, for the various schools, practices, and conflicts of opinion in medical matters.

The absolute necessity of rigid exactness in the first-named condition, is so obvious and imperative that it is needless to discuss the question further in that regard. Conceding this point, it will be discovered that by a careful study and analysis of the natural history of disease, we can largely exclude a consideration of the third factor in the causation of erroneous deductions.

By observation of the uninfluenced course of various maladies, we have learned many things and are destined to learn many more. By this means we have been enabled to place a true estimate upon many measures and methods in treatment, we have excluded many sources of error, and are to-day richer in practical results, as a consequence of these studies, than ever before.

We are more successful in the treatment of a certain class of diseases, at least, than our predecessors, because by studying their natural

course we have ascertained that all infectious maladies, and others besides, tend to self-limitation, and are uninfluenced, except for the worse, by perturbative measures. Dr. John C. Peters, of New York, has given some excellent illustrations of these facts, and they are of the more interest from the fact that at the early day in which his observations were made, it was a matter of rank heresy to believe that nature unassisted could work a cure in disease.

Dr. Peters states that after Skoda had abandoned the antiphlogistic treatment in pneumonia, his loss was only about one in fifteen; at the same time, Fleischmann, in the homœopathic hospital, with every advantage in attendance, cleanliness and quiet over the Vienna general hospital, lost one in six. Balfour, in 1848, saw Fleischmann lose three out of twenty, while Skoda lost only three out of forty-five, yet, Fleischmann's treatment, continues Dr. Peters, was spread all over the world as the most successful, while Skoda's was thought too hazardous to be relied upon. The one had the elements of the marvelous, the other merely that of the naked truth. Before Skoda had relinquished the lancet, mercury and tartar emetic, the homœopathic no-treatment was more successful; after that, acting as *nature minister et interpres*, he had the advantage of the homœopath with his blind faith in infinitesimal doses.

The last contribution to this important subject is from the pen of Dr. Austin Flint, Sr., who reports in detail the natural history of ten cases of dysentery. His conclusions are as follows:

The disease in a temperate climate tends, without treatment, to recovery. It is a self-limited disease, and its duration is but little, if at all, abridged by methods of treatment now and heretofore in use. Convalescence is as rapid when active measures of treatment have not been employed, as in cases actively treated.

Relapses do not occur in the cases in which the disease has been allowed to pursue its own course without treatment.

Sporadic dysentery, in a temperate climate does not eventuate in a chronic form of the disease, in other words, it does not tend to ulceration or other lesions of the mucous membrane of the large intestines.

In the study of the natural history of diseases, we should limit our observations to those cases which we know to recover under any or all methods of medication; but we do not wish to be understood as advising a blank nihilism, for while our efforts may be futile in cutting short a disease by any specific, we have it in our power to palliate symptoms, and guide to a safe termination.

The therapeutic nihilist who finds refuge in the belief that it is better to do no harm when we can do no good, and because he has been disappointed in the specific power of drugs loses all faith, is as dangerous an enemy to true progress as the probably more numerous class who tenaciously cling to the old maxim, *melius anceps quam nullum remedium*. It would be well for them both to ponder, from their different points of view, the sage maxim of Sydenham, that "to imagine that nature always needs the help of art is an error, and an unlearned error, too." H.

We observe that the Chicago homœopaths charge the St. Louis homœopaths with selling diplomas. As a remedy against this evil, we would suggest *Chicag. Homœop.* 50,000, a dose p. r. n., according to the inspired law of *Similia similibus curantur*.

## Book Notices and Reviews.

CIRCULAR No. 8, War Department, Surgeon General's Office, Washington, May 1, 1875. A report on the hygiene of the United States Army, with descriptions of military posts.

MISSOURI MEDICAL COLLEGE.—Annual Announcement and Catalogue of the Missouri Medical College, session 1875-6. Regular lectures commence first of October.

MEDICAL COLLEGE OF OHIO.—Fifty-fifth Annual Catalogue and Announcement, session of 1875-6.


UNIVERSITY OF MARYLAND.—Sixty-eighth Annual Circular of the School of Medicine, session 1875-6.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—Annual Circular, 1875-6; Annual Catalogue, 1874-5.

CHICAGO MEDICAL COLLEGE.—Catalogue, session 1874-5; Annual Announcement, session of 1875-6.

## Miscellaneous Notes.

The Royal College of Physicians has voted M. Claude Bernard the Baly medal.

 SUBSCRIBE for the ST. LOUIS CLINICAL RECORD. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

MR. J. M. GOOD, an experienced and able pharmacist, of this city, has been appointed professor in the St. Louis College of Pharmacy.

It is now seriously proposed that instead of cremating the body or resorting to the usual method, it shall be buried in contact with the earth, in order that it may, as quickly as possible, mingle with its mother clay.

THE *Archives of Electrology and Neurology* is one of our most welcome exchanges, and is always filled with articles of high merit and interest. The essay in the May number on Trance, by Dr. Beard, is an unusually able effort.

ZIEMSEN'S CYCLOPÆDIA OF MEDICINE.—The *Medical Record* calls attention to an error on page 290, Vol. III, second line from the bottom; here the word "ounces" should have been *drachms*. This error might lead to serious results.

DR. VAN BIBBER, of Baltimore, reports the case of a gentleman who was in the habit of taking, for eight or ten days consecutively, not less than sixty grains of morphia subcutaneously, together with three pints of whiskey, and eight or ten strong cigars.

A "POPULAR HEALTH ALMANAC" is to be inaugurated under the auspices of the American Pharmaceutical Association, to offset the pernicious influence of the innumerable quack medicine almanacs. This is a good work and should meet with the hearty support of the profession.

LOCATION FOR A PHYSICIAN.—I will dispose of a good paying practice to any one purchasing property consisting of new residence and three lots in West Grove, Iowa. Two railroads, surrounded by good country, and eight miles to any well established competition. Address M. D., Box 47, West Grove, Davis county, Iowa.—*Advt.*

THE Chicago *Medical Examiner* and the Chicago *Medical Journal* have been consolidated and will hereafter appear as the "Chicago *Medical Journal and Examiner*." This new journal will be a monthly of eighty pages, and will be furnished subscribers for \$4 a year. We are sorry to see that the Drs. Davis are to retire from the editorial chair.

THE Ann Arbor Medical College has made a new departure in the history of medical schools. Before matriculation, all applicants not having collegiate or academical degrees will be required to undergo an examination to determine as to their fitness to prosecute the study of medicine. We hope all medical colleges will adopt this regulation, and that the preliminary examinations may be conducted with thoroughness.

**NOT RELIGIOUS ENOUGH FOR A PROSTITUTE.**—The tenacity with which men cling to what they have once established as law is amusingly shown by a recent incident in Berlin, where a woman applied to the authorities for permission to follow her avocation as a public prostitute, under a new act to prevent the spread of contagious disease; she was refused the license because she was unable to produce her certificate of confirmation.—*Dr. W. Thompson's Lecture, Pac. Med. Journal.*

**VACCINATION WITH FATAL RESULT.**—Krügkula (*Wien. med. Wochenschr.*, No. 47, 1874) inoculated eight soldiers with vaccine lymph from a founding hospital. In two there was no result. In the other six, in whom the vaccine pustule became quickly developed, there occurred chills within twenty-four hours, followed by high fever, weakness and delirium.

Two to four days after the vaccination, phlegmonous inflammation of the upper arm appeared, in some on one arm, in others on both, which, after a few days, became gangrenous. Two patients were cured, four died. From the same source nine vials were filled with vaccine virus, the use of which caused no evil effects.—*Centralblatt, March 13th—Philadelphia Medical Times.*

**A MALE GIRL.**—An individual about twenty years of age who had always been considered and treated as a girl, stated that for the last two years she (or he) had known his (or her) true sex. Now, in order to marry, a change was necessary. An examination proved him to be a male in every particular, and the following condition of the sexual apparatus was observed. The scrotum was drawn in the median line; it contained testicles, and on the right side an inguinal hernia. In the erect posture and with closed thighs the penis could not be seen, but when the thighs were separated, it was found imbedded in the raphe of the scrotum and its direction backward and downward. The glans was perfectly free, and the individual stated that he had already accomplished the act of coition very satisfactorily on two occasions.—*Allg. Wiener Medizinische Zeitung, June 1, '75.—The Clinic.*

**SAD AFFLICTION.**—A London physician has a case without precedent, the cause of which he is unable to discover, and which baffles all

his skill. Naturally he writes to the *London Lancet* about it. The case is this, as he states it:

"Mrs. J.—, aged thirty-five, with a large family, suffers from a spasmodic affection of the lower jaw. It will, without any warning whatever, become fixed, so that with all my strength I could not open it. The husband is the only one who can do so, and I have seen him perspire before he succeeded."

The physician says he has tried everything he can think of, both internally and externally, but all in vain. It is a very remarkable case; one of the most remarkable we ever heard of. There have been cases, we are told, quite the reverse of this, as for instance, when a woman "with a large family" has "a spasmodic affection of the lower jaw," which, "without any warning whatever," becomes unfixed and vibratory, so that the strength of the whole family cannot shut it or stop it, and even the husband, perspire he never so freely, is compelled to flee before it. We do not, of course, profess to be able to prescribe for the London patient, but would it not be possible to make a "swap" of the two spasmodic affections? There are, no doubt, many men who would be willing to exchange the spasmodic affection which unfixes the wife's lower jaw for Mrs. J.'s disease, which fixes it. Doubtless, too, there are husbands who, if their wives were overtaken by a spasmodic affection fixing the lower jaw so that it could not be opened without perspiration, would never sweat again.—*Druggists' Journal.*

**THE INVENTOR OF THE LARYNGOSCOPE.**—Most medical men are, we imagine, aware that, although more or less incomplete, laryngoscopic examinations had previously been made in this country by the use of mirrors devised by Babington, Liston, Avery, and others, Signor Garcia, the well-known professor of singing, was the first who brought laryngoscopy to a practical position, and who practised autolaryngoscopy with the result of publishing at the Royal Society excellent "Physiological Observations on the Human Voice," containing a good account of the action of the vocal cord during inspiration and vocalization. The observations of Garcia led to the further work of Türk and Czermak, and he must probably be considered as in no remote sense the principal author of the modern art of laryngoscopy—an unquestionably valuable resource in modern medicine and surgery. A committee has been formed, of which Lord Coleridge is chairman, and which includes many well-known names in science and art, and among the friends of both, for the purpose of raising a subscription with the object of presenting a testimonial to Signor Garcia, "in special recognition of his claims as the inventor of the laryngoscope."—*British Medical Journal.*—*New York Medical Journal.*



# St. Louis Clinical Record.

VOL. II. SEPTEMBER, 1875. NO. 6.

## Original Communications.

### HEMORRHAGE DURING AND AFTER UTERO-GESTATION.

BY M. M. PALLAN, M. D., ST. LOUIS.

#### NUMBER II.

The symptoms of placenta prævia are sufficiently well marked. Occasional bleeding occurs, between the seventh month and full term. The discharge may occur suddenly, and stop after a while, or there may continue a drainage. The nearer the female is to full term, the greater the amount of blood lost. The gush may take place when she is asleep, or when she is awake, either sitting or standing. Usually there are several losses of blood before labor comes on. One ought to suspect placental presentation whenever there is flooding in the latter months of pregnancy. Labor may come on immediately after a discharge; at other times there is no uterine action until after several losses of blood. The female herself can describe nothing by which one can surmise the true state of affairs. Auscultation will indicate that the uterine *souffle* is heard with most distinctness in one of the iliac regions, or in the hypogastrium. If one examine internally, the os uteri being dilated, then he will detect the soft mass of the placenta, but let him beware of mistaking a clot of blood for it. The placenta may occupy the whole field of the os uteri, (complete placenta prævia), or only one segment of the periphery of it (partial placenta prævia). If the os uteri is quite closed, one may distinguish the placenta through the walls of the cervix, if the head presents; as the placenta then lies between the head of the child and the finger. But if the breech or shoulder presents, the diagnosis is more difficult.

It is remarkable how frequent such abnormal presentations occur with placenta prævia. In the tables compiled by Dr. Simpson, in which the presentations were noted in ninety cases:

In 4 cases the feet presented;

In 6 " the breech presented;

In 24 cases the trunk, or upper extremity presented;

In 30 cases the head presented.

In four of the head cases an arm presented along with the head.

If in a suspected case of placenta prævia, the os uteri is so high up that the finger cannot reach it, the whole hand must be carefully introduced into the vagina so as to enable one to reach the os and then determine the presentation. Let no one ever neglect this proceeding. The case is too serious to be neglected. Before the commencement of labor, the cause of the hemorrhage is the expansion of the neck of the womb. As the cervix expands, as it does in the eighth and ninth months of pregnancy, it slips away from the placenta and flooding, more or less, will occur. When actual labor commences, the active dilatation of the os and cervix produces the placental separation. But let it be remembered, the most dangerous cases are those in which there is but little flooding until full term. The utero-placental vessels have then attained their full growth, and the patient is reduced to a fatal hemorrhage in a few moments.

Now arises the important question, what is to be the mode of proceeding in these alarming cases? There is no time to send for a consulting brother, no time to consult authorities—cool, calm and collected the accoucheur must march right up to the rescue. What will he do? Will he turn and deliver? Will he deliver the placenta first and leave the delivery of the child to the efforts of nature, or will he separate the placenta up to a certain zone and then wait?

Sir James Y. Simpson having observed, that when the placenta was delivered first, more women and children were saved, than when turning was resorted to, proposed to deliver the placenta first.

"In common cases of placental presentation," says he, "we have already found, from ample statistical data, that the mortality to the mother is about one to three. Among the 141 cases of expulsion and extraction of the placenta, which we have collated into the table, (Sec. III.), ten mothers died, or the average mortality to the mother was one in fourteen. The difference between the two sets of cases, namely: 1st, Those terminated according to the present recognized rules of midwifery; and

2nd, Those terminated by the spontaneous expulsion or extraction of the placenta, is sufficiently striking when thus simply stated."

The first person who pointed out a rule of practice from such cases, was Mr. Chapman, of Amptill, in England, so far as I know. Mr. Kinder Wood, of Manchester, and subsequently, Dr. Radford, adopted this view and performed the same operation. The tenor of Dr. Simpson's observations led many to suppose that he wished to adopt this rule of practice in all cases. This led to a severe controversy between him and Dr. Robert Lee, of London, not conducted altogether by the latter in the *suaviter in modo*, but rather in the *fortiter in re* style. In the *Lancet*, 1847, Vol. I, Dr. Simpson has corrected all this and I will quote his words:

"The arrestment of unavoidable flooding by total detachment of the placenta should, I believe, be our line of practice when the combination is as follows, viz: the hemorrhage is so great as to show the necessity of interference, and is not restrainable or restrained by milder measures, (such as the evacuation of the liquor amnii); but at the same time, turning, or any other mode of immediate and forcible delivery of the child, is especially hazardous or impracticable, in consequence of the undilated or undilatable state of the os uteri, the contraction of the pelvic passages, etc. Or, again, the death, the prematurity, or non-viability of the infant, may not require us to adopt modes of delivery for its sake, that are accompanied (as turning is) with much peril to the mother, provided we have a simple and safer means, such as detachment of the placenta, for at once commanding and restraining the hemorrhage, and guarding the life of the parent against the dangers of its continuance. Hence, as I have elsewhere stated, I believe that the suppression of the flooding by the total detachment of the placenta will be found the proper line of practice in severe cases of unavoidable hemorrhage, complicated with an os uteri so unsufficiently dilated and undilatable as not to allow of version being performed with perfect safety to the mother: therefore, in most primiparæ; in many cases in which placental presentations are (as very often happens) connected with premature labor and imperfect development of the cervix and os uteri; in labors supervening earlier than the seventh month; when the

uterus is too contracted to allow of turning; when the pelvis or passages of the mother are organically contracted; when the child is dead; when it is premature and not viable; and where the mother is in such an extreme state of exhaustion as to be unable, without immediate peril of life, to be submitted to the shock and dangers of turning, or forcible delivery of the infant. This enumeration is far from comprehending all the forms of placental presentation that are met with in practice; but it certainly includes a considerable proportion of the cases of this obstetric complication, and among them, all, or most all, of the most dangerous and most difficult varieties of unavoidable hemorrhage. In adopting the practice, one error, which I would strongly protest against, has been committed in some instances. Besides completely detaching and extracting the placenta, the child has subsequently been extracted by direct operative interference. If the hemorrhage ceases, as it usually does upon the placenta being completely separated, expulsion of the child should be subsequently left to nature, unless it presents preternaturally, or the labor afterwards show any kind of complication, which, of itself, would require operative interference under any other circumstances. Both to detach the placenta and extract the child would be hazarding a double instead of a single operation."

These views of Dr. Simpson deserve serious consideration. There can be no doubt that there is a great deal of truth in them, mixed up with some error.

I regard it as a mistake of Dr. Simpson, when he supposed, that the hemorrhage which ensued after a partial separation of the placenta, came from the placenta itself. The curling arteries of the uterus, which enter the placenta are very small, and we can scarcely believe that a separation of a square inch or so of surface could produce such an immense loss of blood. Moreover, the blood lost on such occasions does not differ in color at all from the blood lost after the expulsion of the placenta in post-partum hemorrhage. Then there can be no doubt that the blood comes from the uterine sinuses. These are largely developed during pregnancy, they grow with the growth of the uterus. They have no valves at all; from the uterine surface up to the right auricle not a valve is to be seen. How easily

then for these enlarged sinuses by a retrograde motion to gush out large quantities of blood. I cannot, therefore, accept Dr. Simpson's hypothesis of the source of the hemorrhage.

I can very readily appreciate the value of the late Edinburg Professor's statistics, showing that when the contractions of the uterus, of themselves, detach the placenta and deliver the placenta, that the mortality to the mothers is far less than when turning is performed. But circumstances are different, when the placenta is artificially detached. In the one case the contractions of the uterus detach and extrude the placenta, and force the presenting part (head or breech) down against the bleeding sinuses and block them up; in the other case no such thing occurs. I once witnessed such a case as the former. I was sent for in consultation by the late Dr. Donaldson, who then lived in St. Louis, but afterward went to California. At the time he sent a messenger for me, the lady (then in the sixth month of pregnancy) was flooding profusely; but when I arrived, in about thirty minutes after he sent, the hemorrhage was stopped, the uterus acting energetically, the placenta was in the vagina and the foetus, about six inches long, was coming along, doubled on itself, as it was a right lateral presentation. She recovered without a bad symptom supervening.

Again, I object to the late Professor's views when he says, that when the hemorrhage is so great, that interference is necessary, and the os uteri is so undilated and undilatable that turning cannot be effected, then the separation and detachment of the placenta ought to be the line of practice, If the os uteri is not sufficiently dilated or dilatable to permit turning, how can the hand get into the uterus to separate the placenta? I must leave others to determine.

I differ from him in a view he has expressed in the paper from which I have quoted, and Dr. Simpson differed from a very eminent authority: from Dr. Simpson himself. Perhaps I ought not to mention it. But it was taught by him; it was taught by me, and it is too important, even if it be considered irrelevant to the tenor of this paper, to omit it. He says: "Or, again, the death, prematurity, or non-viability of the infant may not require us to adopt modes of delivery for its sake, that

are accompanied (as turning is) with much peril to the mother, etc."

Here is a concession in favor of the "general principle of management" which I am not disposed to receive. The rule of practice in obstetrics in all cases, ought to be, save the mother if possible, save the child if you can. Whether the child be dead or alive, the safety of the mother is the primary consideration. Remember the golden rule, to be found equally in the writings of Confucius as in records more holy, "Do unto others as ye would that others should do unto you." When Marie Louise, the consort of the Great Napoleon, was in labor, and the elder Dubois, her medical attendant, became a little alarmed, and asked Napoleon which he should save, mother or child, the former promptly replied, (although so anxious for an heir to perpetuate his dynasty) "Save her, it is her due." Re-assured, he became less excited and saved both.

The line of practice in cases "where the mother is in such an extreme state of exhaustion as to be unable, without immediate peril of life to be submitted to the shocks and dangers of turning, or forcible delivery of the infant," is one of mature consideration. There can be no question whatever, that to turn under such circumstances would be wrong.

Before giving any general rules of practice, let me now turn to what Dr. Barnes has to say. Dr. Barnes says in substance: If we watch attentively a case of labor in which the placenta presents, I mean, of course, such an one as admits of simple watching, that does not call for obstetrical interference, we shall observe that as soon as the longitudinal muscular fibres of the womb have begun to contract so as to pull back the lower segment from the central point represented by the os uteri internum, a certain amount of detachment of the placenta from the part nearest the os takes place; owing to the periodical and sudden nature of the uterine contraction, this detachment is also sudden; the sudden detachment is attended by a sudden escape of florid blood; the contraction ceasing, the flow of blood also, for the most part, ceases entirely, or subsides greatly; with the returning contraction, there is a fresh detachment of placenta, and another gush of florid blood; the contraction at an end the flow of blood again subsides. This order of events

recurs in the same succession, perhaps several times. But, at last, if the child be not first extracted, a stage of labor arises when the recurrent contractions of the womb do not entail any further flooding; the pains return in their usual course with their usual strength, and with their usual effects of further dilating the os uteri, and forwarding the labor; but there is no more hemorrhage. The labor is resolved into a natural labor, and may be safely concluded by the natural powers. Now their history, true to nature, is diametrically at variance with the still received dogmas, that the hemorrhage is the necessary result of the expansion of the os uteri, and that there is no safety but in delivery.

*It is not, then, the separation of the placenta which secures immunity from flooding, but the contraction of the womb.*

There is, then, an anatomical, a physiological limit to the extent of placenta liable to detachment during the expansion of the womb. This is why, after a certain stage of the labor, no fresh bleeding surface is exposed. But how is the bleeding stopped in that part of the uterus already bared of placenta? By precisely the same mechanism as that which stops the flooding after normal detachment of the placenta from its normal seat at the fundus. The longitudinal muscular fibres of the lower segment must contract to pull open the mouth. Expansion, dilatation of the mouth, is contraction of the cervix. This contraction, by shortening the cervical portion of the womb, casts off the placenta and exposes the ruptured mouths of the utero-placental vessels. The first effect is, bleeding; the second is, to stop the bleeding. The contraction goes on either actively, or passively and tonically, in most cases; and this further contraction constricts the orifices of the vessels—closes them: it is hemostatic. If hemorrhage be renewed, it does not proceed, except under circumstances of excessive muscular relaxation—the “passive hemorrhage” of Dr. Chowne—from the surface bared by the preceding active contraction: it proceeds from a fresh zone, or one further from the os, bared of placenta by another contraction. This zone or arc is, in its turn, in like manner sealed: and there is another pause in the flooding. Zone after zone is thus bared by recurring contractions, and successively sealed up until that physiological

limit, that line of demarcation between normal and abnormal placental implantation, the boundary line of placental detachment, which I claim to have discovered, has been reached. This zone attained, *the labor is A NATURAL LABOR.*

*(To be continued in our next number.)*

### EUTHANASIA.

#### *The Recent Deaths at the St. Louis County Insane Asylum from Over-dose of Conium.*

BY WM. B. HAZARD, M. D. BELLEVUE.

Between the hours of one and six a. m., August 14, 1875, four patients, inmates of the St. Louis County Insane Asylum, were found to have died. They had been enjoying the degree of bodily health common to the demented population of the Asylum; which was as good as could be expected under the delectable dietary scale peculiar to that palatial institution. This increase in the mortality therefore seemed excessive to the gentleman who is *nominally* at the head of the establishment, so he very properly informed the County Coroner of the singular occurrence. The Coroner proceeded at once to investigate the matter. The developments before that officer were of so startling a nature as to arouse public attention to the highest pitch.

The daily press, ever ready to seize upon the sensational, did good service by bringing out all the facts attainable in connection with the affair. With commendable fairness a hearing was given to all sides of the question, and even the honorable(?) guild of charlatans and pretenders was not excepted.

The Coroner summoned a jury of six, which was composed of five physicians, four of whom were connected with either the county or city government, and the sixth juryman was the County Undertaker.

The patients who died were: Anna Peters, aged thirty years, a congenital imbecile, a case of nearly complete idiocy; Anna Newman, aged twenty-one years, a case of epilepsy dating from infancy; Christina Koenig, aged forty-six years, a case of chronic mania of over thirty years duration, which had terminated in nearly complete secondary dementia; and James

Rochford, aged thirty-two years, a case of chronic mania which had been present nearly three years.

Dr. Norman de Vere Howard, the Resident Physician of the Asylum, testified that the male and female night-watch had each been furnished with a bottle of a mixture styled "The New Sedative." As this combination appears to be "new," we give the formula as deposed to by Mr. West, the apothecary:

℞ Ext. conii. fl.	℥ ʒxvi;
Morphiæ Sulph.	gr. xxiv;
Atropiæ Belladonnæ,	gr. $\frac{1}{8}$ ;
Potass. Bromid.	ʒiv.

Four ounces of boiling water are added to the above.

M. S.—Dose a teaspoonful.

A chemical examination made subsequently by one of the jury, the City Chemist, demonstrated the essential correctness of the formula, with the exception of the above-mentioned "Atropia Belladonna," which was found to be the alkaloid atropia. As Dr. Howard said, upon another occasion, that this mixture was the result of much study and research, we place it here upon record, that the profession may not lose any benefit which may be derived from it.

Mrs. Elizabeth Philibert, night-watchwoman, deposed that she administered a single dose of one teaspoonful of the "New Sedative" to each of nine female patients, three of whom died in from two to four hours after taking it, and the other six experienced no ill effects therefrom.

On the first day of the inquest, August 14th, the night-watchman, reputed to be a relative of the Steward, was not to be found. At the adjourned inquest, a week later, he appeared, however, and deposed that he gave one dose, a teaspoonful, at twelve o'clock, another at half past one, and at between a quarter past and half past three a. m., gave two teaspoonfuls to the male patient, James Rochford. There was no change in the patient's condition until half past four o'clock, when he became quiet. Between five and six he found Rochford dying, "his eyes looked dead and heavy," and he thought that he observed something like a convulsion.

The night-watchman, Dalton, deposed also: "I believe, but am not very sure, that the

Doctor instructed me not to give the mixture to weak patients. The Doctor did not designate any particular patient to whom I should or should not give the mixture." He said that his custom had been to increase the dose when one teaspoonful did not quiet the patient. That he had given as much as a tablespoonful at a dose, and had repeated it as many as three times during one night. The mixture he had thus used differed from that given on the night of August 13th, in that the fluid extract of conium which it contained was made by a city druggist, Mr. A. A. Mellier, while that which produced the fatal result was made by Squibb, of Brooklyn.

A *post mortem* examination was made of the body of but one of the victims. We shall cite the testimony of Prof. J. T. Hodgen, who made the autopsy, which is as follows:

"Dr. J. T. Hodgen, being duly sworn, on his oath says: I have been present and assisted in making a *post mortem* examination on the body of the man identified as that of James Rochford. I found the blood unusually fluid, the lungs did not collapse when the chest was opened. The front portions of the lungs seemed to be normal, the back part contained an unusual amount of blood. The blood was fluid in the heart. Saw no evidence of disease in the abdominal viscera. The brain was anæmic with an abnormal amount of serum between the convolutions. I could see nothing which would determine the cause of death."

In connection with the admitted exhibition of over forty-three minims of Squibb's fluid extract of conium seed, it may be interesting to compare the appearances observed by Dr. Hodgen with those detailed in Taylor's Medical Jurisprudence as characteristic of death from conium. A man died three hours and a quarter after eating a large quantity of hemlock plant in mistake for parsley. We quote:

"On inspection, there was slight serous effusion beneath the arachnoid membrane. The substance of the brain was soft; on section, there were numerous bloody points, but the organ was otherwise healthy. The lungs were gorged with dark, fluid blood; the heart was soft and flabby. \* \* \* The blood throughout the body was fluid and of a dark color." \*

Mr. Mellier deposed that he had furnished the County Asylum with *one hundred and five fluid pounds* of fluid extract of conium seed since April 2d, 1875!

Drs. Chas. W. Stevens and C. H. Hughes, testified as experts on the first day of the inquest. They had each had some experience in the treatment of the insane, but never having given Squibb's fluid extract of conium, their testimony was of little use in enlightening the jury.

Dr. J. K. Bauduy, physician to St. Vincent's Institution for the Insane, was subpoenaed to the adjourned inquest. He deposed to having used large quantities of Succus conii and the solid extract of conium, but had never used Squibb's fluid extract. He emphasized the necessity for *beginning with the minimum dose*, whenever a new parcel of any preparation of conium is used, also when a patient has discontinued its use for some time. Judging from its reported strength, he thought forty-three or forty-five minims of Squibb's fluid extract to be not a necessarily fatal dose.

During the interval between the first day of the inquest and the next Saturday, when the jury completed its work, Drs. Hughes and Stevens gave their views freely through the public prints upon the management of lunatic asylums and the treatment of the insane.

On August 21st, the jury returned the following verdict:

"That Annie Newman, Anna Peters, Christina Koenig and James Rochford came to their death from the effects of fluid extract of conium, contained in what is known as a new sedative mixture, at the County Insane Asylum, on the 14th day of August, 1875; and the jury further find that the above-named mixture was put up by the druggist at the Asylum in accordance with the prescription of Dr. N. de V. Howard, and that it was administered by Elizabeth Philibert, night watchwoman, and by William Dalton, night watchman; and that Dalton admits having given what we consider an overdose to James Rochford; and although the night watchwoman states that she gave to each of the above deceased females only the prescribed dose (one teaspoonful) yet we have reason to believe from the quantity of the mixture remaining in the bottles that more medicine was given these persons than reported. We do not believe that one teaspoonful of the

above-named sedative mixture would be fatal in cases of insanity where conium has been habitually exhibited.

G. F. DUDLEY,  
B. ROEMER,  
C. D. KUNKLE,  
W. D. DOWNING,  
PATRICK MONAHAN,  
P. V. SCHENCK,  
H. T. BOUTWELL."

During the discussion provoked by these circumstances, the following facts in relation to the Asylum and its peculiar management were brought out:

The Asylum is one of the best constructed buildings in the country. It is built on very high ground, and is surrounded by a beautiful and highly cultivated farming country. It receives an abundant supply of water from the city reservoir. It is lighted with gas which is made upon the premises. The building was designed to accommodate two hundred and fifty patients, but there are now about three hundred and forty inmates. The medical management is vested in a visiting physician, who visits, or is supposed to visit, the institution twice a week. The entire medical treatment is ordered by him, according to the published rules. The resident physician is subordinate to him and must consult with and be guided by him in all matters relating to medical treatment. The attendants or nurses are appointed by the visiting or the resident physician, or by the steward *at the request* of the visiting physician. The steward, a non-medical man, ignorant of medicine, hygiene, etc., appoints all other employees, including the night-watch, (who are, in fact, nurses), laundresses, gardeners and house servants. He must be present in the Asylum if the resident physician is absent. Thus, it is seen that the steward is *really* the executive head of the whole establishment. Besides directing all manual labor performed by the patients, for they are under his sole direction and control, he must assume the *medical* management at times, for the resident physician cannot always be present. Here, then, is one of the most important hospitals in the western country under the control of an ignorant fellow, much better fitted for his former avocation, that of street car conductor, than that of holding in his hands the health and (as the recent acci-

dent has shown) the lives of over three hundred people.

Where lies the responsibility for this misnamed accident? We purpose answering this question elsewhere and at another time.

We have attempted to give a plain history of late occurrences, the data for which are derived from official sources. Let each draw his own conclusion.

3117 Clark avenue.

## Clinical Reports.

### ATROPIA IN OPIUM POISONING; WITH CASES.

BY J. P. KINGSLEY, M. D.

It has long since been fully established that the physiological effect of belladonna and its alkaloid, atropia, is directly antagonistic to that of opium and its alkaloid, morphia, when taken into the human system. Unquestionably the best method of administering the antidotes is by hypodermic injection. When this cannot be done they may be administered internally in a fluid form. I say fluid form, because it is essential that the antidote should be absorbed as soon as possible. After opium has produced its physiological effect, the process of absorption takes place very slowly. I have seen several cases where the contents of the stomach remained apparently unchanged for eight and ten hours, and even longer. In mild cases emetics, the stomach pump, exercise, and strong coffee, are sufficient. I am inclined to the opinion that patients are frequently allowed to die that might be saved. It is a little strange that so many deaths take place from opium poisoning when we have so sure an antidote as atropia. Strange as it may seem, I occasionally meet with physicians who doubt the efficiency of atropia. To add to the innumerable proofs that we already have, I will report the following cases:

#### CASE I.

A little girl, two years old, was brought into my office by her nurse, who was very much alarmed at the child's condition. The child was very sleepy, could not stand nor walk, extremities cold, face blueish, pupils very much

contracted, respiration very slow and almost arrested when she was permitted to sleep, characteristic itching of the nose when aroused. Dr. Hammond, who happened to be in my office at the time recognized it at once as a case of opium poisoning. I will state that the nurse positively denied having administered an opiate in any form. We concurred in the necessity of prompt action and in the inutility of stomach dump or emetics, as the poison was probably all absorbed. We at once injected hypodermically about one-thirtieth of a grain of atropia. In about fifteen minutes the pupils were perceptibly dilated, in thirty minutes they were nearly normal in size. The respiration commenced to increase in rapidity in ten minutes from the time of injection, in twenty minutes the child stood alone, and in thirty it could walk a few steps. At the expiration of an hour we considered it safe to send it home, which we did, with directions to keep it awake and administer strong coffee occasionally. After the expiration of another hour we called to see it and found it doing well. Two hours later we were hurriedly summoned to visit it, but found it doing well. Three hours later the mother sent for us again, but not finding us in another physician was called, who was informed that the child had taken opium. He immediately examined its pupils, and on finding them dilated, stated most emphatically that it had not taken opium, but that it had congestion of the brain. He at once took full charge of the case, commenced the use of injections per rectum to relieve the brain, and impressed the mother and the many interested friends with the correctness of his diagnosis. The result was, we were informed that our services were no longer required. The child recovered in a few hours and was able to be up on the following day.

I ascertained, by careful inquiry, that the child had been having diarrhoea for a day or two and the nurse had taken the responsibility of attempting to check it with laudanum, and had given it an overdose. Notwithstanding the nurses denial, the bottle was found and other corroborating testimony obtained.

We learn at least one or two valuable lessons from the above case: First, the necessity of watching such cases closely. Second, not to jump to hasty conclusions or form an opinion from one symptom only. The physician

above alluded to hastily came to the conclusion he did from observing the dilatation of the pupils without stopping to inquire the cause.

#### CASE II.

I was called one night about eleven p. m. to see a young woman who had taken five grains of morphine at one dose, as only a half hour had elapsed since she took it she was not yet fully under its influence. The pupils were somewhat contracted and respiration retarded, she was very sleepy but could be aroused. I immediately sent for thirty grains of sulphate of zinc and ordered, while that was being obtained, a teaspoonful of mustard in a tumbler full of warm water, which was given her immediately. I ascertained, after administering it, that a table spoonful of mustard had been used instead of a teaspoonful.

Ten minutes later I gave her the sulphate of zinc in a pint of warm water. In fifteen minutes after the sulphate of zinc was taken I gave her a heaping teaspoonful of salt in a tumbler full of warm water. As vomiting did not take place I applied the poles of a double-cell "electro-magnetic" battery, one pole over the epigastric region, and the other to the posterior cervicle region. Emesis, however, did not take place. The battery had the effect of increasing the action of the heart as well as inducing more rapid respiration—I will here remark that Dr. W. B. Outten and myself attended a case where five grains of morphia had been taken some twelve hours before we saw it. While we were confident the patient would die, at the urgent request of the friends to do something, we used the battery and increased the respiration from two or three very short respirations per minute to six or seven, and thus kept up respiration for five hours in a cold, blueish, pulseless, motionless, insensible, comatose body. As the morphia was rapidly producing an increasing effect, I injected, hypodermically, twenty drops of a solution of atropia, the strength of which was one grain to an ounce of water. The pupils dilated so slowly and so slightly that in fifteen minutes I injected fifteen drops more, making in all about one-fourteenth of a grain. In about twenty minutes after the last injection the pupils became normal in size. After watching the patient for about two hours I left, at which time the respirations were about twelve per minute. At about eight o'clock on the follow-

ing morning she vomited what she had eaten for supper on the previous evening, together with the mustard I had administered, and apparently, also, the solutions of sulphate of zinc and salt. On the following evening she sat up and ate her supper. Dr. Hopkins, who called with me to see this case, informed me that the morphia was obtained at his drug store, and that she had obtained five grains. She was unaccustomed to its use.

#### CASE III.

This case had taken an overdose of morphia. He was insensible, could not be aroused, breathing very slow and stertorous, face blueish, feet and hands cold, pupils very small, it was necessary to resort to artificial respiration or forcible slaps to keep up respiration. The friends called in a consulting physician who lived near by who informed them confidentially that he could not live. I suggested atropia, he shrugged his shoulders and said I might try it, and left. I injected into his arm fifteen drops of a solution containing one grain to an ounce of water, and kept stimulating respiration by slapping his body and occasionally pressing on the sides of his chest. The effect of the atropia was perceptible in ten or fifteen minutes by an increased rapidity in the circulation and respiration, and a dilatation of the pupils. In twenty minutes I repeated the injection, after which the pupils became dilated slightly more than normal. At about one a. m., some three hours after my arrival, I retired to an adjoining room to sleep, with directions to be awakened if any change should take place. I was awakened between the hours of one and six a. m., three times, each time being informed that he was dying. Respiration, as is frequently the case, became temporarily suspended, hence the alarm. I simply resorted to artificial respiration for a few moments, when it again became regular. At ten a. m., twelve hours after the morphia had been taken, he awoke and asked for a drink of water, at twelve m. he ate a piece of toast and drank a cup of tea. On the following day he was up and about his room.

I have given the extract of belladonna internally in solution, one, two, or even three grains at the first dose, and an additional grain every hour until its physiological effect was produced, but never with the marked effect obtained by hypodermic injections.



**A CASE OF GLAUCOMA, WITH OPERATION FOR RAPID AND SAFE EXTIRPATION OF THE GLOBE; ALSO INTERESTING PATHOLOGICAL CONDITIONS FOUND.**

REPORTED BY F. C. V.

Mrs. Jane S—, aged forty-seven, widow, presented herself to Professor Michel, at St. John's Hospital, July 2nd, 1875, with all the symptoms of complete glaucoma in the left eye, and commencing in the right. Prominently noticeable were a very much dilated pupil and unmistakably cataractous lens in the left eye, which was also strabismic, for which, as well as a severe supra-orbital neuralgia, she sought relief.

Owing to great obtuseness on part of the patient, no history could be elicited; and she having sought for medicinal means to relieve the neuralgia, it was impossible to convince her, until August the 6th, of the necessity of extirpation of the affected globe. On that date, her consent being obtained, because the remedies prescribed had afforded only temporary relief, she was anaesthetised and Professor Michel proceeded to operate in the following manner:

The lids having been secured by an assistant, the conjunctiva was grasped by a pair of rat-toothed forceps, a nick made in the conjunctiva and sub-conjunctival tissue, about three lines from the sclero-corneal junction, with a pair of scissors bent on the flat, allowing one blade to be passed under the membrane, and pushing it forward in this position, the conjunctiva was incised circularly; then with the strabismus hook, the tendons of each ocular muscle were successively taken up and cut with the scissors.

The optic nerve now remained to be cut, close to the sclerotic, external to the fold of the orbito-ocular fascia containing the cellulofatty cushion which fills the deeper parts of the orbital cavities. This was easily done as follows: The globe being still in the grasp of the forceps, was forcibly rotated outwardly, the point of the same pair of curved scissors, closed, was now passed through the incision of the conjunctiva at a point corresponding to the insertion of the internal rectus muscle, its concavity turned toward the globe, and by a slid-

ing motion of its point, the position of the optic nerve ascertained, which being accomplished, the blades were opened and the nerve at once caught between them and divided at one stroke. Professor Michel then grasped the globe between the index and middle fingers of both hands, pushing back the conjunctiva over the now isolated organ, causing it to leave its bed and escape from between the lids. No suture was needed, as the conjunctiva fell evenly together.

The removed globe was in such a state of extreme tension, that it was suggestive of calcareous degeneration. Upon beginning to dissect it, a minute opening into the sclerotic near the ciliary region, permitted a very large escape of completely liquified vitreous.

The ciliary region showed traces of inflammatory action. The foramina in the sclerotic, for the passage of the anterior ciliary arteries, were sufficiently enlarged to admit of the passage of a fine sewing needle.

The sclerotic was considerably thinned and adherent to the choroid, from the equator back as far as the optic nerve. The pigment in that part of the membrane, encompassed by a distance of one line anterior to the equator back as far as the optic nerve, was almost entirely absorbed, leaving the choroid as a transparent membrane. Under the microscope the vessels were very evident, and an occasional trace of disorganized pigment cells was observable.

The vitreous had the greenish tinge, whence glaucoma receives its name. The optic nerve, at its entrance, presented a deeply cupped appearance, with manifestations of gray atrophy. The veins of the papilla were very much engorged and tortuous, while the arteria centralis retinae was small and thread-like.

The retina examined under the microscope, with powers from fifty to three hundred diameters, showed certain areas completely transformed into a fibrous structure, and the basillar layer (membrana Jacobi) was but scarcely changed in character, while the granular and ganglionic layers were in every part more or less modified, in some regions the degeneration being complete, the cells replete with oil globules.

An examination of the Descemet's membrane showed it to be much thinned and spontaneously detached from the cornea; and the lens was in a condition of hard cataract.

The ecchymosis usual after an enucleation, was but slight in this case. The relief following the operation was so great, that the patient did not need any opiate thereafter, and was discharged from the ward five days subsequent to the operation, to become an out-patient until the slight suppurative discharge shall have ceased and the stump become sufficiently callous to bear the pressure of an artificial eye.

### GANGRENE OF THE VULVA.

BY RUDOLPH STUDHALTER, M. D.

On July 2nd, I was called to see Mrs. R., aged thirty-five years, an emaciated looking woman, who had been kicked by her brutal husband, nine hours previous to my arrival. He kicked her in the crotch. The labia majora were very much contused, that is to say, beneath the integuments, and also very much swollen, livid and cold. There was also a considerable capillary hemorrhage caused by the contusion of the plexus of the vessels in this region. Ordered warm applications. On the 4th of July a gangrenous spot (phlyctenæ) made its appearance and chemical decomposition had set in, by which gases were formed, especially sulphureted hydrogen. In consequence of the presence of the gas the areolar tissue became very much infiltrated and distended, so much so that I was compelled to open it and let the gas escape and relieve the pressure on the healthy part, which the tumor produced. Ordered acid carbolic. and water as a disinfectant, and waited for the line of demarcation. July 9th, gangrene increased and the line of separation had been well marked, to separate the dead from the living portion. It had involved the labia majora and labia minora, and the cellular tissue beneath to the depth of three-fourths of an inch; at the same time the patient complained of rigors and fever. Pulse was very small and thready, indicating slight pyæmia. Gave quinine and alcoholic stimulants and continued the carbolic acid wash with strict cleanliness. On the 8th of July symptoms of pyæmia subsided and the gangrenous slough which had been entirely separated came away in piece meal, leaving a healthy, granulating surface two inches in the antero-posterior diameter and

three inches in vertical diameter, which I dressed with carbolic acid and linseed oil. The patient is now entirely well and but very little of the skin tissue is destroyed.

### Extracts and Abstracts.

IS MERCURY A CHOLAGOGUE?—Dr. Murchison, in his Croonian Lectures, a sketch of which is furnished by *The Doctor*, of July 1, 1874, uses the following language in reference to cholagogues:

"Among these remedies *mercury* and its preparations hold a pre-eminent place. At the present day, mercury has lost much of its former reputation as a cholagogue and alternative, and there is much difference of opinion as to its power over the liver. The practical physician gives a dose of calomel, finds the quantity of bile in the motions greatly increased and his patient's state much improved; and he argues that the liver has been stimulated by the mercury to an increased secretion of bile, and that to this cause his patient's improvement must be ascribed. The physiologist, on the other hand, ties the common bile-duct in one of the lower animals, produces a fistulous opening into the gall-bladder, and then finds that calomel has no effect on, if it do not diminish, the amount of bile that drains away through the fistula."

Having referred to the experiments, Dr. M. said, it has been fairly objected that the results of experiments with mercury upon dogs do not warrant conclusions as to its effects upon man; and, even granting that in man mercury does not increase the quantity of bile secreted by the liver in health, it does not follow that in disease there may not be some condition adverse to the formation of bile which mercury may have the power of removing. Much, however, of the difference of opinion between the physiologist and practical physician may be reconciled by keeping in mind the osmotic circulation, as constantly going on between the intestinal contents and the blood. A large part of the bile secreted by the liver and thrown into the bowel is constantly being reabsorbed, to reach the liver again; and accordingly, when the common bile-duct is tied and a fistulous opening into the gall-bladder established, the quantity of bile which escapes from the fistulous opening immediately after the operation is much greater than at any time subsequently (Schiff). Mercury and allied purgatives produce bilious stools, by irritating the upper part of the bowel and sweeping on the bile before there is time for its reabsorption. The fact of mercury standing at the bottom of the scale of cholagogues in Rohrig's experiments is accounted for by its surpassing

other cholagogues in this property; for, of course, the larger the quantity of bile that is swept down the bowel, the less is reabsorbed and the less escapes from a biliary fistula.

"That mercury does act especially upon the duodenum," Dr. M. says, "is proved not merely by the large flow of bile which follows its action, but by the fact discovered by Radziejewski, that leucin and tyrosin, which are products of pancreatic digestion, under ordinary circumstances decomposed in the bowel, appear in the fæces after the administration of mercurials. It would appear, then, that mercury, by increasing the elimination of bile, and lessening the amount of bile and of other products of disintegrated albumen circulating with it in the portal blood, is after all a true cholagogue, relieving a loaded liver far more effectually than if it acted merely by stimulating the liver to increased secretion, as was formerly believed, and as some authorities still maintain; for in this case it might be expected to increase, instead of diminish, hepatic congestion. It is not impossible, also, that the irritation of the duodenum by calomel and other purgatives may be reflected to the gall-bladder, and cause it to contract and discharge its contents, and thus account in part for the increased quantity of bile in the stools.

"There are also, I think, grounds for believing that, apart from its increasing the discharge of bile from the bowel, mercury exerts a beneficial action in many functional derangements of the liver in whatever way this is to be explained. Patients of the greatest intelligence suffering from hepatic disorders, constantly declare that they derive benefit from occasional or repeated doses of mercurials, which no other medicine or treatment of any sort confers; and the scepticism of the most doubting physician would, I believe, be removed, should he unfortunately find it necessary to test the truth of their statements in his own person. It is not impossible that the good effects of mercury upon the liver, and in some forms of inflammation, may be due to its property of promoting disintegration. Mercury appears to have the power of rendering effused fibrin less cohesive, and so more easily removed by absorption than it otherwise would be. Modern physicians of high standing, and little likely to be accused of credulity as to the beneficial action of drugs, have thought that mercury is useful in croup, by causing a degradation and disintegration of the plastic membrane. If this be so, it seems not improbable that mercury, which from experiments we know to reach the liver, may under certain circumstances act beneficially by promoting, or in some way influencing, the disintegration of albumen. The remarkable effect of mercury on constitutional syphilis probably admits of a similar explanation. But in whatever way it is to be explained, the clinical proofs of the

efficacy of mercury in certain derangements of the liver are to my mind overwhelming. I say so the more advisedly, because I was taught to regard mercury as a remedy worse than useless, not only in hepatic diseases, but in syphilis; it cannot, therefore, be said that the convictions forced upon me by experience are the result of preconceived opinions."—*Pacific Med. and Surg. Journal*.

#### POISONING WITH EXTRACT OF CONIUM.—

The following is a condensed history of the remarkable case of Frederick W. Walker, who died in Brooklyn, on the 3d of April, from an overdose of extract of hemlock, taken with the hope of controlling the symptoms of an annoying and obstinate complaint. The rare force of will and cool-headedness displayed by the patient in noting and detailing the effects of the drug up to almost the last moment of his life, recall the celebrated case of Amédée Berthollet, who, while dying of suffocation by charcoal-gas, kept a record of his sensations as long as he was able to hold the pen.

Some time before his death, Mr. Walker had been struck in the temple by a truck-pole, the result of which injury was blepharo-facial paralysis, or spasms of the facial muscles and the eyelids. These symptoms were extremely troublesome in themselves, the spasms often continuing for hours at a time; but scarcely less annoying was the fact that the contortions came on without premonition, and thus the patient often had the misfortune to excite the derision of others by the hideous grimaces which he could not control. The best medical advice had been resorted to without avail. Brown-Séquard performed many severe operations on the patient, such as actual cautery and severing of the facial nerves; the surgeon even cut out considerable portions of nerve-fibre in the attempt to control the spasms. Brown-Séquard having returned to Europe, Mr. Walker came to Prof. C. R. Agnew for treatment. Dr. Agnew tried to relieve the spasm of the right eyelid by dividing the muscle which surrounds the corner of the eye; but the operation failed. On Saturday, April 3d, Mr. Walker visited, by appointment, Dr. Agnew's office, for the purpose of being treated with the extract of *conium maculatum*, or hemlock. The drug was administered by Dr. Webster, Prof. Agnew's associate; the first dose, forty drops, being taken at 10:25 a. m. At 10:50 the dose was repeated, as also at 11:15. and half an hour later sixty drops more were given. No effect was observable. The patient was then directed to obtain from Dr. Squibb, of Brooklyn, an ounce of his fluid-extract of conium, and to follow minutely that physician's directions as to its administration. Both by Dr. Webster and by Dr. Squibb Mr. Walker was again and again charged to stop taking the conium the moment he "felt any

effect of the drug, *such as muscular relaxation, or vertigo.*" The dose recommended by Dr. Squibb was fifty drops, to be repeated in half an hour, in case the symptoms did not present themselves. From the record taken down from the patient's own lips, it is clear that the admonitions of the doctors were disregarded. We give the record, to show the stoical calmness of the man, while the shadow of death was gathering upon him:

"4:10 p. m., took fifty minims Squibb's fluid-extract of conium (hemlock); 4:40 p. m., effect very decided in dizziness, relaxation of muscles and limbs; fifty minims more then taken; difficulty of walking immediately and want of power to control movements; forced to lie down, but no mitigation of spasms, limbs and legs weak, unable to hold up head, speech thickening some, pain and heaviness in top and back part of head; pulse fifty-six.

"5:15 p. m., took fifty drops; some nausea, some tremor at base of clavicle and in muscles across the chest, just above the sternum; no diminution of spasms about eyes nor of photophobia.

"5:25 p. m., drowsiness; inclined to sleep.

"5:10 p. m., eyes difficult to open, speech difficult, fullness in throat, prostration nearly complete, diplopia (double sight) vastly increased.

"6:10 p. m., nausea, twitchings on right side, unable to articulate, eyes closed, fullness almost to suffocation in throat, pulse about sixty. At eight in part—" He never spoke again.—*Popular Science Monthly.*

**THE OLEUM ALEURITIS TRILOBÆ.**—The London *Medical Record* has a description of this new applicant for admission to the materia medica, by Dr. Oxamendi, of Havana.

The "*Aleuritis Triloba*" is a large tree, of the euphorbiaceous family, which grows principally in India and in all the intertropical countries. It is commonly designated in India under the name of "Candle-nut tree" or "Candleberry."

The oil produced from the nuts of this tree is used for different industrial purposes. The native of Ceylon calls it "*Kekune Oil*," and it is known in England under the names of "*Nut Oil*" or "*Artist's Oil*."

An author in *Griffith's Medical Botany* says: "The nuts of the *aleuritis triloba* are considered as aphrodisiac when used in small quantity and in a dry state; they have laxative properties when taken in larger quantity and in a fresh state." In one of his *Annales de Thérapeutique*. M. Bouchardat says that the oil of *aleuritis triloba* has purgative properties in a dose of thirty grammes. Renato de Grosourdy expresses the same opinion in his work on medical botany, but he thinks the oil must be used in a dose of two ounces (sixty grammes) in order to move the bowels.

Dr. Oxamendi has employed the oil of *aleuritis triloba*, and his results are not quite conformable with those arrived at by his predecessors. Having once given this medicine to a healthy negro woman, he obtained an effect much stronger than he expected. By subsequent experiments he arrived at the conclusion that this oil must be employed in much smaller doses, and that half an ounce is quite sufficient to move the bowels of an adult. He thinks the laxative effects are not only due to the disturbance produced in the bowels by the oil itself, but also to a special resin which irritates the intestinal mucous membrane.

The oil of *aleuritis* may be used with advantage as a substitute for other aperients. It greatly resembles castor-oil in its effects on the bowels, and it is by no means disagreeable: it has a pleasant taste of hazel-nuts. It acts quickly (about three hours after its administration) and very gently, without giving pain and griping.

The walnuts of the *aleuritis triloba* are so oleaginous that they yield nearly half their weight of oil. This valuable agent may be also used in emulsion. The dose of the oil is two drachms for a child or half an ounce for an adult. The following mixture is recommended by Dr. Oxamendi:

R	Olei nucis aleuritis trilobæ,	℥ss:
	Gummi arabici,	℥iij;
	Aq. communis	℥iij;
	Sacchari albi	℥ss.
	M.	

Good results have been obtained by making frictions with the following liniment over the abdomen, in cases of rebellious constipation or abdominal pains:

R	Olei nucis aleuritis trilobæ,	℥ss:
	Tinet. cantharid,	—
	Ammon. carbon.,	aa ℥iij.
	M.	

Linimentum.

—*Med. and Surg. Reporter.*

**USE OF WATER IN TYPHOID FEVER.**—Dr. A. Luton, of Rheims, submits the patient to an *absolute* diet. The only drink permitted is water, which may be cooled with ice, and any quantity is allowed. At first the water is drunk with avidity, then with moderation, and at last with a certain degree of satiety. It is sometimes vomited at the commencement, but tolerance is soon established. Under its influence, the stools are at first quite abundant, then they become less frequent, are less fetid, and finally there is constipation.

The duration of the treatment is subordinate to the general progress of the disease, varying from four to eight days, taking the fever as it usually runs. In treating the *enteritis*, however, for which the remedy is especially in-

tended, three or four days may suffice, after which the alimentation is gradually improved.

The theory of this treatment is easy to comprehend. It depends upon the fact of the rapid alteration of the alimentary substances, and especially of the sugars and feculae in contact with the diseased surfaces, and the products which play the rôle of ferments, which they furnish. Acrid, acid, and putrid substances result from this alteration, and increase the inflammation of the stomach and intestines.

These decompositions may be artificially produced by immersing animal membranes, a piece of typhoid-fever intestines, for instance, in a saccharated fluid. Alcoholic fermentation immediately commences, and in regular course follow the acetic, lactic, or butyric, and putrid fermentations. These take place at the ordinary temperature; how much more rapid must they be in the diseased digestive passages where the temperature is so elevated!

By simply depriving the patient of food and sweetened drinks, this cause of irritation is suppressed, and the ferments are destroyed by inanition, their natural aliment being cut off.

The present method is applicable to the various cases of acute enteritis, and especially typhoid enteritis. In the hands of Dr. Luton the exclusive use of cold water as a drink, united with a rigorous diet, has become the best treatment of typhoid fever itself. The putridity, the subsequent adynemia, the visceral congestions, the sloughs of the sacrum, and the fuliginous condition of the mouth, all cease, as if by enchantment, whatever may be the theory.

The indications which may arise in each case should be fulfilled. Thus, at the commencement, if there should be much gastric trouble, an emeto-cathartic should be prescribed; in the pseudo-intermittent stage, sulphate of quinine; a fatiguing cough is checked by bromide of potassium in cherry-laurel water. As the general condition of the patient improves, the diet may be gradually improved. Give at first milk in small quantities, then broths, and at last meats and wine, if no relapse occurs.—*Mouv. Méd. and Trib. Méd.*, No. 318, 1874. *N. Y. Med. Journal*.

**PICROTOXINE—ITS ANTAGONISM TO CHLORAL HYDRATE.**—Dr. J. Crichton Brown. (*British Med. Journal*, April, 1875—*Detroit Review*), gives with details ninety-seven experiments with picrotoxine to determine its physiological relation to chloral hydrate. The following general results were reached:

1. Chloral hydrate is physiologically antagonistic to picrotoxine in rabbits and guinea-pigs, and will, when administered in a suitable and proportionate dose, save life after a fatal dose of picrotoxine.

2. The antagonism of chloral hydrate to picrotoxine in rabbits and guinea-pigs may be

exerted so as to save life even when it is not administered until fifteen or twenty minutes after the fatal dose of picrotoxine.

3. The antagonism of these two remedies is subject to two limitations. (a) That the dose of picrotoxine may be so large as to kill before the chloral hydrate has time to operate. (b) That the dose of picrotoxine may be so large that nothing short of a poisonous dose of chloral hydrate would avail to counteract it.

4. Picrotoxine is to a very limited extent antagonistic to chloral hydrate in rabbits and guinea-pigs, by mitigating the hypnotic effects of the latter upon the brain and higher nervous centres which it stimulates to activity.

5. The minimum fatal dose of chloral hydrate in the rabbit is twelve grains to each pound of body weight.

6. Practically no antagonism exists between picrotoxine and chloral hydrate in the cat, nor between strychnia and chloral hydrate.

7. Picrotoxine and chloral hydrate, when administered simultaneously to the cat, cause death by stopping the action of the heart, and not by any destructive or exhausting action upon the supreme nervous centers.

8. Chloral hydrate causes in the cat excitement and restlessness with motor defects prior to the state of sopor, and its effects upon the animal are protracted to an extraordinary extent.

9. The energy of the action of chloral hydrate, as measured by its minimum fatal dose, is in proportion to the development of the cerebral hemispheres.

Dr. Brown is connected with the treatment of the epileptic and insane. His interest in working up this subject will appear from the following facts:

In England beer is adulterated with *cocculus indicus*. *Cocculus indicus* is able to produce epileptic conditions. Beer drinking and epilepsy are generally in proportion to each other in their prevalence in the population.

**MONOBROMIDE OF CAMPHOR AS AN ANTIDOTE TO STRYCHNIA.**—Dr. Valenti (*Siglo Medico—London Medical Record*, June 16, 1875) gives the results of a series of researches on the supposed antagonism between monobromide of camphor and strychnia:

1. Twelve dogs, after taking a fatal dose of strychnia, were saved by the use of bromide of camphor. The experiments were practiced in a satisfactory manner, with crucial tests.

2. The tetanic convulsions produced by strychnia may be reduced in force and frequency by the use of bromide. The action of the antidote is rapid and sure.

3. The hyposthenic action of the bromide mitigates the reflex activity of the poison. The tonic convulsions are converted into clonic.

4. The physiological antagonism is comparatively limited. A strong dose of bromide

of camphor is necessary to antagonize the effects of strychnia.

5. The bromide acts on the sympathetic nerve; this is demonstrated by the myosis and the cardiac paralysis, which were observed after its administration.

6. After an over-dose of bromide, the united effects of the poison and the antidote produce death by syncope. When death takes place during the strychnism, and without the antidote, cardiac impulses are observed *post mortem*. When it takes place after and through the use of bromide cardiac impulses are never observed.

7. The experiments show that it is preferable to introduce the bromide by the stomach, and in small repeated doses.

It will be observed that the antagonism of this antidote bears a striking resemblance to the antagonism between chloral and strychnia, as pointed out by Dr. Hughes Bennett. His conclusions were as follows: "Chloral hydrate mitigates the effects of a fatal dose of strychnia by depressing the excess of reflex activity excited by that substance, while strychnia mitigates the effects of a fatal dose of chloral by rousing the action of the spinal cord; but it does not appear capable of removing the coma produced by the action of chloral hydrate on the brain."—*Detroit Review*.

**PERNICIOUS PROGRESSIVE ANÆMIA.**—At the medical clinic at Basle, Prof. Immermann has observed two cases of very intense anæmia, which in their symptoms, course, and *post mortem* lesions, closely resembled those described by Biermer under the above title, and the five cases described by Jusserow under the name of "rapid anæmia of pregnancy." Two further cases have been reported by Perroud. In one of Immermann's cases, fatty degeneration of the heart was found. The symptoms comprise an increasing paleness of the integument, progressive feebleness, cardiac palpitation and rapid death. The distinguishing features are: 1. Its appearance without ascertainable cause; 2. Its extreme degree, and the occurrence of certain alterations in the circulatory centres; 3. The unaccountable presence of fever; and, 4. Its fatal course, resisting all therapeutic measures. According to Biermer and Jusserow, in the canton of Zurich, it is especially observed in women between twenty and forty years of age; pregnancy favors its development, as also do poor habitations, bad nourishment, diarrhœa, and flooding. The pathological changes are chiefly in the composition of the blood. During the course of the affection there is oligocythemia, and toward the end hydræmia; in several cases there was leucocythemia. Biermer has found partial degeneration of the cardiac muscular fibres, especially of the papillary muscles, and degeneration of the muscular tunic of the

arteries. Ponfick has found the same lesions, and also degeneration of the renal epithelium of the hepatic cells and utricular glands of the stomach. The physical signs are: a rough bellows-murmur at the base of the heart and in the great vessels, with marked tendency to hemorrhages from the skin, nose, gums, brain, and retina. The fever is an important and constant symptom; it has no special type and is seldom intense; it obviously accompanies and aggravates the anæmia, but the latter is too intense to be considered as its cause, and furthermore it does not appear until the anæmia has advanced to a certain degree. Immermann looks upon pregnancy as the coefficient cause, and recommends the induction of premature labor.—*Lyon Médicale*, No. 16, '75. —*N. Y. Med. Journal*

**A NEW METHOD FOR HEALING ULCERS.**—Dr. Nussbaum claims to have successfully treated upwards of sixty cases of chronic, extensive, and otherwise intractable leg ulcers, by the following simple procedure:

The patient is at first etherized, and then around the ulcer of the leg or foot, a finger's breadth from its margin, an incision extending down to the fascia is made; numerous blood-vessels are divided, and a severe hemorrhage ensues, unless a fine pledget of lint be packed into the cut and the entire ulcer strongly compressed. The packing with lint is also necessary to prevent union of the cut edges by the following day. Upon the second day, the bandage and lint are removed; from then until a cure is effected, a simple water dressing is applied.

The author states that an astonishing change can be seen, even in the first twenty-four hours. The ulcer which yesterday threw off quarts of thin, offensive, ichorous pus, furnishes to-day not more than a table-spoonful of thick, non-offensive, healthy pus. The old ulcer becomes rapidly smaller, healing from the margin towards the centre, and is healed up in a short time; but the cut is changed into a broad circular sore, which also rapidly cicatrizes.

The great diminution of the secretion, and other favorable changes occurring in the ulcer, find an explanation in the fact, that the circumcision has divided dozens of large, abnormally widened blood-vessels. Time is thus given for the lessened nutritive material, which was previously carried off by the excessive secretion, to be transformed into cells and connective tissue; in other words, granulations are formed, which fill up and heal the deep ulcer. Without claiming this as a radical method, the author assures us that the cure is much more rapid and the cicatrix becomes more elastic and resisting, than in ordinary means applied, which usually require so much time that the patients depart with half-cured

ulcers, soon finding themselves in their previously deplorable condition.—*Phil. Medical Times*.

**ABSCESS OF UMBILICUS—DISCHARGE OF FOOD AND FÆCES.**—Dr. Evans, *Baltimore Physician and Surgeon*, reports the following case: Six weeks ago I was called to see the son of a farmer who had been kicked in the abdomen by a horse two hours previously. He was knocked senseless by the force of the blows, and lay for some time in a collapsed condition. When I saw him he was vomiting large quantities of blood, the stomach was very irritable and would retain nothing, and he suffered great pain; for which symptoms I gave him opium and creosote. The next morning he was somewhat relieved, but there was considerable tympanitis. Put him on full doses of opium, and kept his bowels locked up for eight days; then gave an enema of warm water, when there was a copious discharge of fecal matter and blood. He then sank into a typhoid condition. Three or four weeks after the accident there was a protrusion at the umbilicus like a bladder; this opened spontaneously, and about half a gallon of pus escaped. Then fecal matter was discharged from the opening, and the bowels, for eight or nine days, emptied themselves through the umbilicus; very little feces, but considerable quantities of pus being passed per anum. Shortly after the abscess opened, the contents of his stomach would pass through this orifice, and the food would be found in an undigested state. Now the opening is nearly closed; there has been no discharge of feces through it for a week, but some gas still escapes; his bowels are moved naturally; the abdomen is still somewhat tympanitic, but his general condition is good, appetite fair, and he is able to sit up and to exercise gently about his room. His recovery seems to be assured.

**PATHOLOGY OF THE SYMPATHETIC NERVE.**—Pio Foa, in a memoir published at Bologna, describes the results of the researches made by him on the state of the cervical and semilunar sympathetic ganglia in one hundred and forty persons who had died of various diseases. Changes of very various natures were found, among which the most important were: simple atrophy from compression, or marasmus; atrophy with complete fibrous degeneration; simple hyperæmia or congestion, sometimes combined with sclerosis; accumulation of white corpuscles, amounting even to true suppuration; pigmento-fatty infiltration and degeneration; amyloid degeneration; and micrococci in the blood-vessels. In tuberculosis, the vessels of the ganglia were often dilated and overfilled with blood. Where tubercular disease of the abdominal organs predominated, the ganglia were anæmic and atrophied; and, where the course of the disease was very acute,

the blood-vessels were crowded with white corpuscles. After inflammation of the lungs, and in cases of heart-disease, the ganglia were overloaded with blood and strongly pigmented; in leukæmic conditions (lymphatic leukæmia), the white corpuscles were present in abnormal quantity. Syphilis was accompanied with a remarkably copious development of connective tissue and by pigmentation of the cells; in profoundly cachectic states, there was amyloid degeneration of the vessels of the ganglia; in pellagra, the vessels were much dilated, and the cells were full of pigment and fat; and, in infectious diseases, there was an abundance of white corpuscles in the stroma.—*Centralblatt für die Medicin. Wissenschaften*, March 20th.

**GALVANIC SUTURES.**—The application of galvanism in the form of *galvanic sutures* for the purpose of inducing the union by first intention of poorly nourished and imperfectly organized surfaces, has been first made by Prof. Pippingsköld, of Helsingfors. In Vol. III., No. 2, of the *Berlin Beiträge zur Geburtshülfe*, 1874, he reports two cases of vesicovaginal fistulæ, which had resisted repeated attempts at an operative cure, and in which the surroundings of the fistula were composed chiefly of cicatricial tissue, the vitality of which was extremely low. These fistulæ he united, after pairing the edges, by means of alternate sutures of silver-plated copper and of iron wire, with the object of stimulating the low vitality of the parts, and in both cases with perfect success. That the supposed galvanic action of these sutures is not purely imaginary, was demonstrated by his colleague, Prof. Hallstén, who found that when a silver and iron wire suture were connected with the galvanometer, the maxim deflection of the needle of that instrument was 90°, the average deflection 35°; when, on the other hand, the galvanometer was connected with two iron or two silver wire sutures, the maxim deflection was 15° to 20°, the average about 0°. This latter result would prove that every metallic suture, when bathed in the vaginal and vesical fluids, acquires a certain degree of galvanic power. Only a series of operations performed on cases which previously withstood all attempts at cure by the ordinary suture would, of course, absolutely prove the value of this method.—*American Journal of Obstetrics*, Aug. 1875.—*Clinic*.

**A CASE OF HIRSUTIES GESTATIONIS.**—By C. E. Slocum, M. D., Defiance, Ohio.—The following case is so curious and rare that I furnish it for publication:

Mrs. R. has borne three children at full term, and suffered one abortion at six or eight weeks.

A peculiarity that has attended each gestation is the growth of beard on the sides of the

face and under the chin. This hairy growth has uniformly started at the commencement of pregnancy, or become perceptible soon after the cessation of the menses, and continued until childbirth, and the uterus has assumed its antefecundated status.

Her attention is first called to the parts soon to be covered with hair by a sense of heat and itching, which is allayed but a short time by rubbing, and which continues about three months, with more or less annoyance, and then subsides to return again after accouchment and remains until the falling of the hair.

The hair is thick-set, fine and soft in texture, straight, and lighter in color than the hair of the head. Its length at childbirth is one to one and a half inches, when its growth apparently stops, and after a period of time varying from four to six months (first child six months, second and third children four to five months), or about the time when the uterine system resumes its catamenial functions, it falls and the face assumes its normal smoothness.—*Medical Record*.

**CAUSE OF VARICOCELE.**—Dr. Rufus M. Corlew (*Nashville Jour. Med. and Surgery*) claims to have discovered the cause of varicocele. He says that, "in the face of all we have ever heard, read, or seen, with reference to the disease, we do not hesitate to assert our belief that varicocele is the direct result of rheumatism of the vessels themselves, at least in the large majority of cases. In justification of this conclusion, the writer relates the case of a gentleman who has, "for two years, suffered from attacks of rheumatism, more or less severe, at irregular intervals, in different portions of the body." When first examined, two years ago, he had an incipient varicocele. "Whenever he is attacked in hip-joints, lumbar and sacral regions, by rheumatism, he suffers also from the varicocele; while he may be attacked in other portions of the body, and suffer greatly, without any inconvenience from the enlarged veins at all. It may be proper to remark that, while he is suffering from rheumatism in his loins the cord is swollen and tender. When the system is free from rheumatism, and more particularly that portion in the region of the hips, he has no trouble from the varicocele, but, on the contrary, the cord is soft, lax, and a great deal smaller."

**TREATMENT OF CHOREA BY ARSENIC IN LARGE DOSES.**—By Eustace Smith, M. D. Arsenic has long been regarded as a useful therapeutic agent in the treatment of chorea, but it may not be generally known that the curative value of the drug is greatly increased by administering it in full doses. The tolerance of children for arsenic is a matter of common observation, and this tolerance is especially marked in the case of a non-febrile disease, such as chorea,

where there is no increased irritability of the digestive organs. To a child between the ages of five or six and twelve, the subject of this complaint, Fowler's solution may be given in doses of ten minims three times a day, directly after meals. The influence of this treatment upon the disorder is seen almost immediately, and it is rare for any of the physiological effects of the drug to be observed. By this means, cases of the disease which had resisted smaller doses of arsenic may be cured in a few days, and even severe cases seldom last longer than a fortnight or three weeks.—*British Medical Journal*, May, 1875.—*Cincinnati Lancet and Observer*.

**PREVENTION OF THE FORMATION OF MILK.**—Dr. Peaslee said that he had received from Dr. W. R. Wilson, United States Army, stationed at Fort Wayne, a communication in regard to the treatment of the breasts in cases where it was desirable to prevent lactation. Dr. Wilson wishes him to get the opinion of the Academy on the subject. Dr. Wilson's method consisted in strapping the breasts tightly after delivery, by means of strips of adhesive plaster. Dr. Peaslee said since his attention had been directed to the matter by Dr. Wilson, he had tried it in five cases of still-births, where it was desirable to suppress the milk. In all of the five cases the results were perfect. The method of using extract of belladonna had never been satisfactory, and the suggestion of Dr. Wilson was very important.—*Proceedings N. Y. Academy of Medicine*.

**ELIMINATION OF ALCOHOL BY THE RESPIRATION.**—Aug. Schmidt (*Centralblatt*, 1875, p. 371) states that, having read Henbach's late observations, showing that little or no alcohol appeared in the urine of febrile patients to whom it had been freely administered, he resolved to submit the expired air to renewed investigation, and the result of his experiments is, that when fifty ccm. of absolute alcohol have been consumed, at most only a trace can be discovered in the expired air. This is in full accordance with the statements of Anstie and Dupré.—*Med. and Surg. Reporter*.

**SEA-SICKNESS.**—Dr. Clapham asserts (*Western Lancet*, June,) as the result of an experience of one hundred and twenty-four cases; that nitrite of amyl is an almost infallible cure for sea-sickness. He allows the subject to vomit once, and then exhibits three drops rapidly by inhalation so as to make a decided impression. He has never known a return of the sickness.—*Clinic*.

**CHLORAL HYDRATE.**—On this body Professor König writes as follows: The narcotic power of chloral hydrate is increased to an important extent, and its prejudicial effects reduced in the same proportion, if bicarbonate of sodium



be administered immediately before. After five observations I believe myself to be in a position to state that one part, by weight, of chloral hydrate, may be replaced with equal effect by one part of bicarbonate of sodium, and four-tenths of chloral hydrate.—*Med. and Surg. Reporter.*

**PARALYTIC TREMOR AS A SYMPTOM.**—At a meeting of the Southeastern Branch of the British Medical Association, Dr. Moxon (*British Med. Journ.* Jan. 9, 1875) read a paper on this subject. He described tremor or trembling as the opposite of spasm. In detailing the different forms, he mentioned one which appeared to be due to involuntary muscular discharges without nervous stimulus, as in the fibrillar trembling of wasting muscles. Allied to this are the tremors of fevers and violent emotion. He alluded to the difficulty of distinguishing between alcoholic paralysis and progressive muscular atrophy. In tremors, both alcoholic and febrile, we recognize a peculiar nervous constitution in those subject to them, and this leads up to spontaneous paralytic tremor. He then described a group of symptoms associated with a peculiar change in the white matter of the brain, called "insular sclerosis," or "*scleroses en plaques*." In this disease there is tremor without affection of the mind or true paralysis. The tremor ceases when the part is supported, in this differing from paralysis agitans. The nodding of the head is very distinct. There is stiffness of the legs and absence of pain in the legs; in this it differs from locomotor ataxy. The disease would appear to be not uncommon, as there have been five cases in Guy's Hospital this last year. It seems to be invariably fatal. One case, in a girl aged twenty-three, came on after a shock of horror three years before. The arms and legs oscillated on attempting to sit up; speech was syllabic; nystagmus and mental feebleness supervened. A drawing of the brain in section of this case was shown, representing insular gray patches scattered through the white matter. On microscopical examination, these patches showed no trace of nervous matter. Another case also appeared to originate in shock, the woman finding her husband in bed with another woman. In another case, the first noticed symptom was inability to wipe the shoes.—*Abstract of Med. Sciences.*

**THE THERMOMETRY OF THE UTERUS.**—Dr. Cohnstein, of Berlin, in the last part of Virchow's *Archiv* (Band lxii., Heft 1), believes that in cases where the ordinary means of determining whether the *fœtus in utero* is alive or dead fail, it may be determined by means of the thermometer, for he has observed that the temperature proper to the child is higher than that of the mother; the temperature in the

uterus is consequently higher than that in the vagina, because in the former the thermometer registers the heat of the mother *plus* that generated by the child. If the child dies, the latter factor fails, and the temperature of the uterus and vagina becomes equalized. The fall of temperature, however, after the death of the child only takes place gradually, because the difference of temperature between the uterus and its surroundings is only small, and two or three hours elapse and several measurements are required before it can be quite certainly determined. Cohnstein gives five cases in which a correct diagnosis was made of the life or death of the child by this means. Fehling, in a recent number of the *Archives de Gynecologie*, has tried Cohnstein's method in eighteen cases, and found it reliable in all but two, in one of which the patient was in a febrile state owing to the death of the *fœtus*. Cohnstein believes that the difference in temperature between the uterus and vagina may also serve as a means of determining the existence of pregnancy when this is denied or doubtful. He observes, very properly, that care should be exercised as to the depth to which the thermometer is insinuated into the uterus, as abortion or miscarriage might be thus induced if the experiment were carelessly conducted.—*Lancet*, Jan. 16, 1875.—*Abstract Med. Sciences.*

**PIGMENTARY DEPOSITS IN THE BRAIN AS THE RESULT OF MALARIAL POISONING.**—Dr. Hammond, of New York, presented a paper (Neurological Society) upon the above subject, in which he gave the results of clinical observation and experiments upon animals. He regarded the pigment in these cases as being of *splenic* origin. He was of the opinion that, especially in malarious districts, many nervous disorders were induced by the deposit of this pigment in the brain.—*Chicago Jour. Nervous Diseases*, July, '75.

**THE FACIAL DISCOLORATIONS OF PREGNANCY.**—Dr. E. Dubois treats all his cases with tincture of iodine. The epidermis exfoliates when painted over every evening. If success should not follow the first trials, the treatment must be suspended and the surface dressed with cold cream. Then when the epidermis is again reproduced, the applications are resumed and this time the marks always disappear.

**FOOT-SWEAT.**—Dr. Hager recommends the use of the following powder for excessive sweating of the feet: Burnt alum, five parts; salicylic acid, two and a half parts; wheat starch, fifteen parts; Venetian tale, fifty parts; mix and make a very fine powder.—*Med. and Surg. Reporter.*

 SUBSCRIBE for the CLINICAL RECORD.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - September, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDEE, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### AN ACADEMY OF MEDICINE.

It is a generally admitted fact, that such medical organizations as we have in this city are altogether inefficient for the proper representation of our interests either in a scientific or professional way. We make this assertion without any wish to depreciate the existing associations in our midst, or with any purpose of detracting from the degree of good that has been accomplished by them; but we reiterate, without fear of successful contradiction, that while in the past they may have filled fully and creditably the objects of their creation, to-day they certainly fall far short of their true intent and purpose as the exponents of metropolitan medical thought and dignity. It may even be a matter of astonishment to some of our readers, that we speak of "*our medical societies*," intimating thereby the existence of more than one medical society; for so little interest is, as a rule, taken in these matters, we venture to say that no inconsiderable number of practitioners are unaware of the existence of more than one professional organization here, and that one the St. Louis Association. As a mere matter of information, we would state that we have besides, a Microscopical Society, a Medico-Chirurgical Society, and, among the German physicians, a sort of medical journal and library association. The St. Louis Medical Society, at the date of its inauguration, and for years subsequently, no doubt amply met the necessities of the times, and even to-day, as simply a medical society, it is all that could be desired; but to-day St. Louis, as a great metropolis, needs something more,

and that need can only be thoroughly satisfied by the establishment of an Academy of Medicine. Of course such an institution could not interfere, in any way, with the societies now in operation, nor with as many others as the exigencies of the future might demand. A rough outline of the objects and *modus operandi* of the proposed academy will probably better explain our meaning. In New York a man may belong to as many or as few societies as his time and inclination may permit, but if he desires to be regarded in good professional standing in every sense, a fellowship in the Academy is absolutely essential. Our academy should occupy an exactly similar position toward the profession here; and where not only reputable social standing but fair professional ability, as evidenced by examination, are made the requirements for admission, it will be readily seen that both the academy and the physician seeking its membership would be gainers. The academy should hold regular monthly meetings, when previously announced papers would be read and discussed. As the number of specialists in this city is too small to justify the formation of separate bodies for the study and discussion of their especial branches, it would serve a doubly useful purpose to inaugurate several departments of the academy; for instance, sections of gynecology, ophthalmology and otology, laryngoscopy, dermatology, etc. These several sections, without disturbing the regular meetings of the academy, could convene as often as desired, and at the end of the year, might present reports upon the annual progress of their various specialties to the parent body. By the establishment of a bibliographical bureau for the purpose of presenting at the monthly meetings of the academy brief notices and reviews of important recent publications, a short time would suffice to build up a large library of standard works, periodicals, etc., as it would be to the direct interest of publishers and editors to supply abundant material. Space will not permit the indulgence in further detail, but this crude summary will, we imagine, explain our general ideas upon the subject. What we most sorely need, for many reasons, is an association more harmonious, more scientific, or at least, from its mode of operation, better capable of scientific work, and more truly representative than the one or two bodies now dragging out a monotonous,

poorly supported and unauthoritative existence. We would be pleased to see our suggestions supplemented and, better still, acted upon, and we accordingly offer our columns to any desirous of discussing the question.

H.

### “POPULAR HEALTH ALMANAC.”

The Chicago *Pharmacist* has, during the past two years, been fearless in its attacks upon the manufacturers of “patent medicines,” and for its “telling effects” deserves the thanks of the two professions, medicine and pharmacy. We have stood amazed at the magnitude of the proportions assumed by this traffic, and tremulously we ask, whither are we drifting? Though much has been written on the subject, deploring the existing condition of things, to Frederick Hoffman, Ph. D., of New York, belongs the credit of suggesting what appears to be the first practical plan to remedy the evil. Like all good things the suggestion seems so felicitous that we wonder some one had not thought of it long ago. In the above-mentioned journal, for November, 1874, Dr. H. reasons as follows:

“It is largely the *almanac* by which the nostrum maker engages the pharmacist unwittingly into his service as an advertising and vending ‘middle man;’ in return for this degradation, the scanty privilege of the insertion of his business card upon a back cover of the almanac is allotted to him, in order to give its contents the apparent endorsement of the pharmacist, well known in the community, and a stamp of respectability; and on the other hand, to enlist his interest in the liberal distribution of the advertising almanac.

The proposed remedy, then, is to issue a ‘Popular Health Almanac,’ the contents to be: The annual astronomical calendar, postal rates, etc.; statistical and general information on health matters and requirements; a series of simple and approved household remedies; brief directions for the prompt application of antidotes to the common poisons in daily use in domestic economy, and in the arts and trades; first help in accidents and emergencies; brief popular essays on the origin and absurdities of the nostrum traffic; a statement of the composition of all those patent and proprietary medicines used in the United States which have been analyzed.”

E. Steiger, publisher, of New York, has determined to act upon the suggestions thrown down by Dr. Hoffman, and asks the coöperation of pharmacists. This almanac, he says,

is to be “a neatly printed pamphlet of thirty-two duodecimo pages, the cover will be of tinted paper, bearing on the front page the card of the pharmacist or druggist issuing the almanac.” We are sanguine enough to hope this step may prove an “entering wedge” to a knotty problem, and it is needless for us to add that all efforts having in view the breaking down of this abominable business will be endorsed and encouraged by us.

### “CROOKED” DIPLOMAS.

In the September, 1874, issue of the *RECORD* we stated that there were one or more bogus medical colleges in the city issuing diplomas for a pecuniary consideration, without demanding attendance on lectures or an examination for a degree. At the time, although our information was perfectly reliable, we were unable to prefer any definite charges, and, afterwards, the institution, to which a more particular reference had been made, collapsed. One of the reporters of the *St. Louis Republican*, however, having been informed of the diploma traffic, determined to investigate this nefarious business, and succeeded, after some difficulty, in getting a partial insight into the “crooked” diploma trade. The facts are substantially as follows: The first intimation of something wrong came in the shape of a congratulation to Dr. Armstrong, a reputable practitioner of this city, upon his appointment to a professorship in the Jefferson College of Medicine and Dentistry. Dr. Armstrong expressed surprise that his name should figure in that connection, especially as he was unaware of the existence of such an institution; but upon calling at the office of a certain quack, where he was told the diploma of the college with his name attached, could be seen, he discovered, to his amazement, that his signature had been really forged to the document. The other names appended to the instrument were: F. E. Parsons, M. D., R. M. Swander, M. D., S. C. Ross, M. D., L. M. Lewis, M. D., LL. D., E. E. Nixon, M. D. Armed with this knowledge, the *Republican* reporter actively set about to “work up the case.” Cautiously approaching one of the “faculty,” Parsons, he finally had a fully signed sheepskin, conferring the degree of M. D., offered him for the sum of \$65, legal tender; and he had never even

caught a glimpse of the classic halls of his *alma mater*, nor even seen any other member of the distinguished faculty, excepting his revered *alma pater*, the Parsons aforesaid. The L. M. Lewis, M. D., LL. D., noted above as a member of the faculty, was at that time pastor of one of our leading Methodist churches. We can only suppose that he, as well as one of the incorporators named Wheeler, was imposed upon, as the last named gentleman declares to have been the fact in his case. Nevertheless, people should learn not to loan their names indiscriminately. If we are not very wrong in our suspicions, there are several more "medical mills" in this city, which would bear watching; and perhaps many *reputable* schools in the country are equally guilty in breaking the spirit if not the letter of the law.

Since writing the above, another member of the Jefferson College is out in an explanatory note, declaring himself the victim of misplaced confidence.

WE have it upon the authority of a well-known pharmacist of this city, that a "drug ring" exists under the auspices of that choice organization known as the County Court. Thus, through political and other influences, adulterated and worthless drugs are furnished the county institutions; and in the light of these facts we may partially explain the disastrous occurrence at the Insane Asylum, where several patients succumbed to overdoses of conium. A miserable article of this remedy was being furnished to the asylum—in fact, the wholesale dealer from whom it was purchased is reported to have very ingenuously remarked that "his conium couldn't hurt any one"—and upon its exhaustion a new and reliable preparation of Squibb's was substituted. It seems that the dose was not diminished, as it should have been, when the reliable drug was administered, but was continued in the same quantity as the "couldn't-hurt-any-one" preparation, and as a consequence it acted with fatal certainty.

### Books Received.

PROSPECTUS of the St. Louis College of Pharmacy. Tenth annual session, October, 1875, to March, 1876.


ANNOUNCEMENT and Catalogue of the National Medical College of the Columbian University, Washington City, D. C., fifty-fourth session, 1875.

PLAIN DIRECTIONS FOR ACCIDENTS, EMERGENCIES AND POISONS, by a fellow of the College of Physicians of Philadelphia, etc., distributed by the Mutual Life Insurance Company of New York.

STEIGER'S Classified Catalogue of American, British, German and French periodicals in the departments of medical sciences, chemistry and pharmacy, natural sciences, architecture, engineering, mathematics, etc.; technology, commerce, finances, etc.; agriculture, domestic economy, arts, sports, fashions, etc., June, 1875. Single copies will be mailed free to all persons writing for the same by addressing E. Steiger, 22 and 24 Frankfort street, New York.

CARE of the sick and recipes for sick people.

### Miscellaneous Notes.

 SUBSCRIBE for the ST. LOUIS CLINICAL RECORD. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

SIR JAMES PAGET has been elected President of the Royal College of Surgeons.

THE powder of Goa is the latest new remedy. It is used externally in skin diseases, such as herpes.

THE London *Medical Record*, with its issue of July 15th, is changed from a weekly to a monthly publication.

MR. JENKINS, of London, claims that cholera becomes more prevalent as the spots on the sun increase in number.

MR. ERICHSEN has resigned the chair of Clinical Surgery in the University Hospital, and is to be succeeded by Mr. Holmes.

M. DEMARQUAY, the distinguished French surgeon, died at Longueval, in Picardy, in the sixty-first year of his age, of cancer of the stomach.

MADAME BRES, who this spring read a thesis before the Paris Faculty of Medicine, and obtained a Doctor's degree, has been appointed physician to the Sultan's harem, at Constantinople. His majesty, for obvious reasons, evidently regards *similia similibus curantur* as the true rule of practice, in especial instances.

THE cinchona cultivation in Jamaica, it is stated, will prove successful.—*Phar. Gazette.*

DRS. KAPOSI, AUSPITZ, and NEUMAN have been appointed extraordinary professors of dermatology and syphilis in the University of Vienna. They have hitherto held the position of *privat-docent*. Dr. Carl Störk, *privat-docent*, has been appointed extraordinary professor of laryngoscopy in the same University.—*Clinic.*

It is not always safe for the laity to prescribe medicine. A lady writes to the *Courier Journal* that her husband having heard that whisky was good for a snake bite, has been using it ever since a cow was bit, last spring, though the poor thing died, in spite of it, six weeks ago!

OWING to the prevalence of yellow fever at Key West, all vessels from there are detained in quarantine at New Orleans ten days. It is thought by Navy surgeons, who have had experience with yellow fever, that strict sanitary regulations should be adopted by all Southern cities on the Atlantic coast.

**DIMINUTION OF DOCTORS.**—In France the census shows a marked lessening in the number of medical practitioners. This diminution has varied from twenty-nine to thirty-three per cent. during the last twenty years; and M. Paul Bert stated in the National Assembly that the total number of practitioners had diminished from 17,192 in 1866 to 15,429 in 1872. The Legislature thought that it would sufficiently supply the deficiency by increasing the number of Faculties and the supply of students. But that these will not settle down to a thankless career and insufficient pay needs not to be demonstrated. Many persons have been struck by this progressive diminution of doctors, and believe that it has in great part arisen from the difficulties that now exist in establishing and maintaining a position, owing to prices and payments having so augmented, while the pecuniary relations between doctor and patients have not undergone a corresponding alteration. French practitioners are subjected to a form of competition of which we know nothing in this country, that caused by the religious sisterhoods, who, by their numbers, become formidable opponents, practicing medicine almost openly as they do, and finding plenty of persons ready to make excuses for them, on the plea of their good intentions.—*Med. and Surg. Reporter.*

**CRITICISMS ON THE THEORY OF EVOLUTION.**—Every attempt to explain the formation of any definite organ by what is called evolution and the operation of physical causation, independently of intelligence, and of guiding, governing power, has signally failed. Even with the

aid or that wonderful "nature," with a capacity for differentiating herself, which the evolutionists have been obliged to call to their aid, we get only a very confused and inadequate notion of the formation of any single tissue of any one organ—the eye, for example. Let it be fully explained, in full detail, according to evolutionary law, how the formation, not of the eye as a whole, but of one only of the tissues of the eye, is carried out. Such an explanation would have far more weight than the assurance that the eye may be compared with a telescope, or that it exhibits an indelible stamp of its lowly origin. By vague suggestions of this sort nothing whatever is proved, or even rendered probable. An interpretation of facts is authoritatively given, favorable to certain preconceived views, and that is all. Other interpretations might be given, but for the time all others are excluded, by authority which rules as if it were infallible.

No one has yet been able to account for the arrangement even of the nerve fibres of a nerve plexus of the eye or of any other organ. The little papillæ of the frog's tongue are, as I have remarked, organs admirably adapted for investigation, and I wonder that these have not been selected to illustrate the theory of evolution. They can be easily obtained for study, and are far less complex, and more easy of investigation, at every stage of development, than the eye. A discussion concerning their formation, and the laws by which it is governed, would be extremely interesting. It is not very likely that evolutionists will accept this or any other challenge, for the purpose of testing the application of their doctrine to the details of anatomical structure. They prefer generalities; and as long as they are able to make people believe that their doctrines are true, and that their prophecies will be verified, they are wise. If they are encouraged to persist in calling attention to general characters, to the exclusion of details, and to select out of nature's storehouse just those facts which support their own theories, taking no account whatever of facts which cannot be explained by them, they will be able to hold their own, but whenever they are forced to go into detail, and study the minutiae of the development of an individual organ, the difficulty of the application of the doctrine will be apparent enough to every one, and the further the investigation is pushed, the more will the difficulties to be surmounted by the evolutionists increase, as regards degree and number.—*Extract from Dr. Beule's Lumleian Lectures.—Medical and Surgical Reporter.*

**PSYCHOLOGICAL LESSONS OF THE BEECHER CASE.**—In the few suggestions that we have to offer on this topic neither the guilt nor the innocence of the defendant will be assumed. The following criticisms will hold good what-

ever the result of the trial may be, and some of them apply not to the defendant alone, but to other prominent actors in the drama,

1. The intimate connection between the religious nature and sexual passion. It is the loveliest, kindest, sweetest, tenderest, most sincerely religious natures, that oftentimes are in the greatest danger through the sexual passion; the skeptical and hard-hearted are safe. Clergymen of popular and attractive qualities agree in this, that they are worried and hunted after oftentimes to their infinite distress by devout, sympathetic women. Physicians are rarely annoyed in this way, nor lawyers nor teachers. On this theory of the intimate connection of the emotions, we can explain the fact, well known to everybody, that when the restraint of the will is removed by insanity, women talk more obscenely than the most depraved men. On this subject the great preacher, Robertson, who carried science into the pulpit, and who, if he had lived later, would have been a scientist, writes thus profoundly in one of his letters:

"The devotional feelings are very distinct from uprightness and purity of life, they are often singularly allied to the animal nature; the result of a warm temperament; guides to hell under the form of angels of light, conducting the unconscious victim of feelings, that appear divine and seraphic, into a state of heart and life at which the very world stands aghast."

Mr. Lecky, in his "History of Morals," quotes substantially Miss Mulock, as follows: "She notices the experience of Sunday-school mistresses; that of their pupils who are seduced an extremely large proportion are 'of the very best, refined, intelligent, truthful and affectionate.'"

2. The decline of the moral faculties in old age, even when the intellectual faculties are yet active and brilliant. When the worm is gnawing at the roots, the topmost twigs are the first to wither. When the brain is dephosphorized, moral courage first gives way. On any theory of the scandal, the want of moral courage on the part of the chief actor has been everywhere conspicuous, and has been freely and fully confessed. Timidity and irresolution in those who in youth and middle life were courageous and strong, are the best of all evidences of a slow wearing out of the cerebral forces. And these symptoms may appear long before the muscles or the intellect exhibit any marked decline. "After thirty-five a man gets tired of being honest, and a woman of being virtuous," says Dean Swift. This is an exaggeration, but suggests a great pathological fact which biography confirms. The melancholy of the aged is oftentimes a part or result of moral decline. Very beautifully and very eloquently says Chateaubriand, as in his old age he stood on the stormy beach: "The

wind that blows on a hoary head never comes from a happy shore." To be happy requires courage, resolution and hope, all of which emotions are likely to decline in old age. "Young men have more virtue than old men," says Dr. Johnson. Longfellow, in his latest poem, thus writes:

"As the barometer foretells the storm  
While still the skies are clear, the weather warm;  
So something in us, as old age draws near,  
Betrays the pressure of the atmosphere."

3. Great emotional distress may quicken, stimulate, and inspire the intellect to feats, of which otherwise it would be incapable. There is no doubt that the intellectual efforts of Mr. Beecher were, in some respects, more brilliant during the past three or four years than ever before. In the realm of imagination great things are oftentimes done in old age, for the office of imagination is in part to bring up and utilize what the brain has done in the past. Mr. Beecher, for the past ten or fifteen years, has been working over, in brilliant and powerful style, the ideas and fancies of his earlier years. The thoughts he utters are so vitalized by his powers of imagination, that they are new to his hearers although old to himself. Some one asked him once how he could preach so well amid such excitement; he replied, "for the same reason that a mud-turtle jumps when you put a coal on its back." "They learned in suffering what they taught in song," is as true of other intellectual workers as of poets. Some of the extracts from Mr. Beecher's letters, written under circumstances of acute distress, are the finest productions of his pen, and will probably be immortal in literature.

4. The case also raises a very important psychological query, whether a man can have nearly every mental faculty, except conscience, whether one may be not only highly intellectual, but also benevolent, kindly, generous, and yet devoid absolutely, or almost so, of moral sense. Not a few of the greatest men of the world were conscienceless. Goethe, Napoleon, Daniel Webster—it would be hard to find any occasion in the lives of these great men when they did anything because it was right, or abstained from doing it because it was wrong. Writing, speaking, and preaching, are purely intellectual and emotional performances; on the moral sense, as such, they make no demand whatever. The great orators of antiquity, Demosthenes and Cicero, were, in the time of trial, found to be abjectly and absurdly wanting in the very elements of courage, patriotism, and honor that formed the staple of their eloquent orations. Those who believe Mr. Beecher guilty must also believe that his conscience, if he ever had any, is entirely swamped in his other faculties. Those who believe him innocent must believe the same of some of his accusers.—*Archives of Electrol. and Neurol.*

## FEMALE PHYSICIANS.

BY DR. E. TEINTURIER.

\* \* \* \* \* Dabitur \* \* \* \* \*  
 Quodcumque optaris: sed tu sapientius opta.

For some years the question of the admission of women into the medical profession has been proposed in different countries and has been resolved in divers ways; in certain countries special schools have been opened for them, Russia has even gone so far as to make female army surgeons; *per contra*, in England, where one may practice without a diploma, they have been refused to women; in France, the faculties receive them without objection when they prove that they possess the degree of knowledge exacted of all. Among physicians there is no less difference of opinion than among governments; the Danish incline toward admitting them; the Academy of Brussels, when interrogated by the Belgian minister, pronounced in favor of their exclusion.

Where is the truth? It seems to us that until now the fight on both sides has been a little confused, by cause of the question not being well put, or rather, by the fault of not clearly separating two questions, which are, nevertheless, very distinct: "Has woman the right to practice medicine?" "Ought she to use this right?" In regard to the first question, it appears to us that the affirmative must be held by every one who does not place himself above the natural rights of the individual—the pretended right of the state to regulate, under pretext of superior lights, the exercise of the faculties of each. Let those who, declaiming always against socialism, every moment invoke the *general interest* to suppress a particular right, let these, if they must, repulse women from the career of medicine for the greatest good of society! They are the consequences of their own bad logic. As for us, we cannot see the principle opposed to a woman practising medicine and taking its risks and perils.

It may be beautifully said that woman is made to marry, to be a mother, to bring up her children. This ignores the fact that many remain celibates by force or by choice, that many remain widows, and that both, in order to administer to their own wants and the wants of those dependent upon them have the right to aid themselves with any honest profession whatsoever. Medicine might not be, perhaps, a very happy choice, but it is for them to judge, and they might make a worse one.

We do not see in the name of what superior principle we should hinder a woman from studying anatomy rather than the languages, physiology rather than history, why we should

close to her the amphitheatre or laboratory rather than the theatre or hall room. And, once the knowledge of medicine is acquired, by what right shall she be impeded in utilizing it to the benefit of her fortune, of her situation, her own personal liking, or to the use of those who might choose to have recourse to her cares? As to the lack of anterior preparation, the absence of preliminary study, the disorder provoked or committed in some places by the female students, these are not serious arguments; these are but facts easy to suppress or to prevent, nothing which touches the principle.

The practice of the French faculties seems to us, then, perfectly justified, being admitted, the necessity of fulfilling certain conditions (baccalaureate, inscriptions, examinations, thesis, etc.) in order to have the right of curing their fellows, the faculties are right in not concerning themselves with the sex of those who have fulfilled these conditions. This conduct is at the same time more logical and less dangerous to the public health than that of the English schools.

We now come to the second point: Is it well for a woman to embrace the medical profession?

We will suppose that it is to be well understood that it is in question that she shall exercise it truly, seriously, and not in the *Toinette* style, and now we will say frankly, that the first condition to be fulfilled by her is that she shall cease to be a woman! In short, she must well appreciate the fact that, destined by nature to fill the rôle of mother, she differs from man, not only as regards the organs serving to reproduce the species, but also in her nervous system, in her intellect, and in her entire being, *tota substantia*. From the physiological point of view, she is neither the equal nor the inferior of man, she is different from man.

We will leave to one side the degree to which she may be able to elevate her intellect, experience is not complete in this respect. We will content ourselves with the remark that this incomplete experience tends to show that if, as among the women of the eighteenth century, great intellectual culture may be in her allied to all the essential feminine qualities, it is only on condition of not approaching subjects of taste, delicacy or imagination, sentiment plays no other rôle. Female genius may equal and even surpass that of man in certain orders of conceptions, but in other regions it appears condemned by nature to an incurable inferiority.

Isolated examples have, it is true, shown that certain women may have in part the intellectual modalities characteristic of man; but it is notorious that they have paid for this advantage with a part of those qualities which are distinctive of woman, those which consti-

tute her grace and her charm. As there is a law of equipoise among the organs, it would seem that there is a law of balance among the cerebral faculties. When the equilibrium is destroyed man becomes effeminate and woman a virago. Not a very gallant term to use, it is exact, however.

And here, we would be well understood. We are far from pretending that woman is incapable of receiving, upon many subjects, instruction equally as well as man; far from taking it amiss that she should be given all the instruction of which she is susceptible, in this relation, we even believe it necessary to effect a profound reform in present education which leaves too much without counterpoise on the sensitive and sentimental side of woman. We would only say that the psychological nature of woman appears to us to be such that the faculties necessary to surmount the heights of science can be developed in her only to the detriment of the essential feminine qualities.

Let us admit, then, without making any great concession, that the intellect of woman, prepared by preliminary study, would be adequate to meet the exigencies of medical science; let us admit that she will have imbibed in the hospitals, amphitheatres and college courses the indispensable amount of knowledge without losing anything of those qualities which attract man toward her, we will suppose that she has gained something in certain respects, all the time remaining woman in the full acceptance of the word. Marriage awaits her, she is entitled to it. She will find, we hope, a man free from all prejudice, full of confidence in her, decided to let her go, night and day, in city or country, without having his mind filled with dreams of wearing the horns! Yet, this exemplary husband will be something more than a husband in effigy, and children will come along. At each time there will be nine months, or at least four or five, during which she will find it difficult to be about; do what she can, what will become of her practice? When the child is born, it will be necessary for her to choose between visiting the sick and abandoning it to a nurse. Now, if the woman is worthy the title of doctor, how will she justify herself in her own eyes for not nursing her own child? Later, if it is sick, will she leave its bed-side to lavish her cares upon strangers? Which will carry the day under many contingencies, the mother or the doctor? During long years, will there not be a perpetual struggle between professional duty and natural duty?

To escape from these difficulties we will say that the woman renounces marriage! She will silence her heart and her senses; the yearnings of affection and the impulses of passion will exist no more for her; she will suppress, cost what it may, the half of her nature. Stifling all her instincts, doing violence to her organi-

zation and overcoming the sensibility, the emotivity and the instability of her psychical organization, she will succeed in making of herself a being who will be no longer a woman; will this be all? The moral being will have been submitted to an absolute transformation, without enthusiasm, without a compensatory disagreeable modification. The physical being will remain.

At the out-set, whence will she derive the physical force necessary to enable her to resist the daily fatigues incident to her profession? Her anatomical conformation renders walking to her more painful and more fatiguing than to man; in order to succeed it is necessary that she should transform herself physically also, she must bring herself as near as possible to man by a species of training. We will suppose that she does so, that after her nervous system is modified, that her osseous and muscular structures are also changed; that by a continuous effort, she has suppressed all that there was in her of femininity to acquire but incompletely the qualities of man. Her ideal is attained, if this is her ideal, the woman exists in her no longer, the woman is dead, pardon us the expression, the *female* still lives!

Whatever is done, however great may be the modifications to which she may submit herself, the woman cannot escape from that periodical infirmity which affects her every month and which is not limited in its effects to the sanguinous evacuation. Physically, morally and intellectually, menstruation is for the woman a period of more or less pronounced perturbation, but leading always, directly or indirectly, to incontestable modifications in the performance of the functions of her intellect, without considering that it renders her more apt to contract contagious diseases. The limits within which this influence acts will, doubtless, vary in different cases, but is it not to be feared that they are the more extended in proportion to the culture and refinement of the subject? This one consideration will suffice to turn reasonable women away from the practice of medicine and to keep practice away from her.

We have no wish to enter into the detail of the thousand little inconveniences which the diurnal, and especially the nocturnal, exercises of the medical profession could entail upon a woman; their catalogue would be a long one and would convince no one. We will content ourselves, then, with repeating, in conclusion, that woman can seriously pretend to go through with the medical career, from its apprenticeship to its practice, only upon condition of ceasing to be woman; that by reason of physiological laws the woman physician is a doubtful being, hermaphrodite or without sex; in every case a monster; free, nevertheless, to tempt the distinction by seeking to acquire it.—*Le Progrès Médical*, May 29, '75. W. B. H.



# St. Louis Clinical Record.

VOL. II.

OCTOBER, 1875.

NO. 7.

## Original Communications.

### *TRICHIASIS AND DISTICHIASIS ; WITH AN IMPROVED METHOD FOR THEIR RADICAL TREAT- MENT.*

BY CHAS. E. MICHEL, M. D., ST. LOUIS, MO.

All oculists and surgeons have, no doubt, like myself, felt the reproach that our means for relief in the above affections, commonly known as "wild hairs," were disproportionate in severity to the occasionally almost insignificant nature of the condition with which we had to deal.

Constantly urged by the failure of the simpler methods of treatment and also the unreasonable extent of surgical interference, which in some cases amounted even to mutilation, that I, like others, was daily compelled to practice in order to correct the simple mal-position or misdirection of a few lashes which might, if left alone, finally destroy the eye, I have from time to time devised and put into execution various surgical measures with varying success until I recently adopted a procedure which, while it meets all of the indications, recommends itself by its simplicity, harmlessness, rapidity of performance and the little attending pain. It does not interfere with the position of the lid and permits of treatment of each cilium wherever it may be situated.

In this article I propose to treat of only such cases of the above affections as are uncomplicated to any great degree with malposition of the eye-lid; or that deserve the name of general trichiasis, these usually requiring operations, more or less severe, many of which are as perfect as any in surgery, and reflect great credit upon their originators.

The simplest method in use is the one, which the common sense of the laity discovers for itself—the removal of the cause of irritation—pulling out the lash. Unfortunately, however, this does not succeed, notwithstanding what authors say in their lightly written paragraphs. We

are told that in most cases the repeated evulsion of the cilium will cause the papilla to atrophy, thus putting an end to the trouble; however, experience has taught me very differently, and I am pleased on examination to find that at least one recent author, Galezowski, of Paris, has been a sufficiently close observer to discover and bold enough to assert the worthlessness of this antiquated measure.

He does not agree with authors who state that they can thus, after a more or less prolonged treatment, radically cure the affection, and adds that his patients after having had their eye-lashes pulled for ten years, had more deviated hairs than when the treatment was commenced. This corresponds exactly with my independent observations, and I have now several timid patients, in whom I have been practicing evulsion of the cilia as soon as felt, for as long a period as ten years, who to-day have a larger number of offending lashes that have become as stout as the hairs of a fine beard.

I look upon this practice as decidedly worse than useless, except to temporize. Cilia accidentally deviated from being moist and drying in a vicious direction, should always be thus dealt with, if they cannot be easily swept back into the normal position.

After evulsion the hair not only grows with greater rapidity, the more frequently it is pulled, but it also increases in thickness, so that downy hairs in time become full grown cilia. This is easily explained. In the process of evulsion, the formed material (shaft of the hair) only is removed, the hair breaking off within the follicle at a point where it is yet soft; the papilla which secretes or forms the hair remains intact; it is only irritated by the operation, which causes a hyperæmia with an increased activity of its function and consequent increased rapidity of formation of the hair.

Occasionally it may be that evulsion does produce so much inflammatory action in the papilla as to cause its suppuration and destruction; but this is far from being the ordinary result, especially when there is no complicating blepharitis. That trichiasis and distichiasis may exist with no perceptible blepharitis is certain. A marked case of the kind presented itself last year at my clinic at St. John's; the affection had existed since infancy; evulsion had failed

to relieve it, and the growth of the cilia had increased.

But blepharitis complicates the vast majority of cases, frequently producing, after a time, that unsightly baldness of the lid—madarosis. And since the tendency of the affection is already in this direction we can readily understand how evulsion might hasten the result and be mistaken by the surgeon for the prime cause of the hair destruction.

I have previously said that the operation of evulsion was worse than useless, for since, notwithstanding every precaution, the hair is very frequently merely *broken* off just at the surface of the skin, it is very soon after long enough to scratch the cornea more severely than before, being sharper and stiffer. For this reason I have frequently preferred not to remove long cilia as a temporizing method, having seen the same patient in a passably comfortable condition for a long time, while the cilia are all full grown, and then shortly after evulsion had been practiced, return with much more severe inflammation of the conjunctiva and decidedly more suffering than when the lashes were long.

During the last eighteen years I have treated and witnessed the treatment of a large number of cases of this very common affection, and am yet to see the first one cured by evulsion where there was not already present so severe a blepharitis, that the probabilities were, that if left alone, the latter affection would effect a cure unaided, that is produce madarosis: in many where blepharitis was present to a high degree evulsion seemed to aggravate.

Two case will serve to exemplify; neither would submit to any operation and depilation was practiced.

D. N. Evulsion of cilia, as rapidly as they grew, for a period of 10 years; the lashes are not only more numerous to-day, but the individual hairs are as thick as those of a fine beard.

B—d, under same treatment for 10 years, no improvement.

J—g, 3 years, at end of which time she was worse than ever, when my present method was had recourse to, with entire success.

Another simple method, proposed by Williams, *Oph. Hosp. Rep.* Vol. iii, p. 219, is to dip a fine needle into caustic potash and pass it into the follicle, after greasing the lid

and pulling the hair. This procedure I have never tried, as manifestly it seemed open to reasonable objections. The effect of fluid caustics cannot be localized, nor controlled with any degree of accuracy, which in the case of the eye-lid, if successfully applied, is evidently a serious objection. After pulling a delicate hair it becomes quite a feat to recognize the opening of the follicle, from which it was extracted, in order to pass a needle into it, even though the entire proceeding be executed under a strong lens. Experience frequently repeated has shown me this when attempting the same in an operation of my own.

Furthermore, the dense structure of the lid, as the needle is forced into it, removes every particle of the fluid caustic from the penetrating point, spreading it on the greased surface, partly to become soap and also possibly to mingle with the flowing tears, and irritate the conjunctiva. But even were it not lost in this way, but little of the caustic could reach the deeper parts of the follicle, for on the withdrawal of the needle, the resiliency of the tissues would close the opening, which in addition would already be filled with flowing blood.

Galezowski's method of excising the hair-follicle, carving out a portion of the thickness of the lid, between the conjunctiva and the skin, (*operation, loc. cit. 2nd ed. p. 65*) is ingenious, but the cicatrix, resulting from a removal of one-third the thickness of the eye-lid is sufficient to deter from its employment, in the few cases to which it might be applicable.

Desmarres' method of excising a minute fold of the skin, close to the implantation of the deviated cilia is a procedure of limited applicability and of questionable utility.

I will not discuss the propriety of the various means for the cure of entropion, as applied to the treatment of trichiasis and distichiasis, since they all involve surgical operations, more or less extensive and intricate, in striking contrast to the simple nature of the affection against which they are directed. I speak of cases where but a small portion of the lid is involved, where the majority of the cilia still preserve their normal direction and the eye-lid with its lacrymal punctum still retains its important relations to the globe. In such cases it is but a poor make-shift to change forever the all-important relation of these parts, in order to relieve the cornea and conjunctiva from the ir-

ritating presence of a number of insignificant hairs.

In 1869 I devised and had made a delicate electro-cautery, with which I proposed destroying the follicle and hair papilla. The instrument was well constructed, having a platinum point of about  $\frac{3}{8}$  of an inch in length and of the thickness of a No. 8 sewing needle. This was brought to a white heat by means of a six-cell Groves' battery, rapidly plunged into the follicle to its deepest part and almost instantaneously withdrawn, thus attempting, as much as possible, to localize the effect. Notwithstanding this precaution the three or four points thus dealt with gave off rather large and deep sloughs, out of proportion to the requirements of the case, although the resulting cicatrices were small and the operation successful.

At once recognizing that a large portion of the lid could not thus be dealt with, on account of the extent of the resulting cicatrices, I abandoned the procedure, in cases of general trichiasis.

Shortly after this I adopted the following, which after many years experience, I consider inferior only to my present method, and recommend it when the latter is not employed.

In a small platinum cup, or a silver spoon, a piece of nitrate of silver is fused, a fine sewing needle (No. 8) is then gently warmed and the point dipped into the liquified silver nitrate, so as to coat about one-fourth of an inch of its point, with a delicate film of the caustic which adheres firmly to the steel. The lid is then slightly everted with the tip of the fore-finger of the left hand, a lance pointed needle, the old cataract couching needle with a rather broad point will answer, is made to split the hair follicle to its base, the cilia still being *in situ*. During the operation I generally use a one inch convex lens to assist in accurately locating the opening of the hair follicle. A drop or two of blood usually escapes from the puncture. When all bleeding has stopped and the blood carefully wiped away, the caustic needle point is passed into the small incision where it is twirled around a few moments, to cause the nitrate of silver to dissolve.

In some of my cases the result has been absolutely perfect, leaving no trace whatever of the minute operation; in a few cases the cauterization set up an inflammation, which re-

sulted in a minute abscess of the lid, of no greater moment than an ordinary styte.

This method I still regard as useful and safe, especially if the needles are coated with care, not allowing an excess of the nitrate of silver to adhere to the point of the needle in the shape of a small bead, which will inevitably happen if they are dipped cold, into barely fused caustic.

In cases where a few offending lashes spring from the outer margin of the lid, I have occasionally passed an armed needle through a small fold of the skin, in front of, contiguous to and parallel with the hair follicle. The thread is then tightly knotted, which soon cutting its way through, leaves a minute vertical cicatrix, pulling the follicle and contained cilium outwards.

This method, like some others, has the advantage of preserving the affected cilium, but like them all, except such as interfere with the position of the entire lid, is only applicable where a few favorably situated lashes are displaced; now the loss of so few cilia cannot be perceived, so I always prefer to remove them at once by a certain and just as trivial operation.

In a case of distichiasis involving the outer third of the superior lid, there being two distinct and properly formed rows of lashes, with a strip of healthy mucous membrane between them, I performed the following operation: Snellen's clasp having been applied, a broad lance-shaped keratotomy was passed into the lid between the two sets of lashes, completely separating them. A vertical incision at the inner and one at the outer limits occupied by the misdirected hairs converted the skin bearing the normal cilia into a square flap, which, on being turned up, exposed the bulbs of the abnormal ones; these were easily shaved off and the flap with its lashes replaced and held in position by two delicate sutures.

I will now describe my present method. The agent employed is electricity, (a constant current battery of 8 to 20 medium sized cells is all-sufficient) the form, electrolysis. I simply pass a fine, gilt needle into the hair follicle and allow the current to produce the electrochemical decomposition of it and its papillæ. The details are as follows:

A three cornered gilt needle (the finer the better, provided it be accurately inserted) mounted on an electrode about the size of a

pen handle and connected with the the negative pole of the battery is made ready. I have an interrupter which I control with my foot, inserted along the wire which comes from this pole, thus enabling me to first accurately place the needle in position before completing the circuit; an ordinary electrode, covered with a sponge, is connected with the positive pole. The patient is usually seated on a reclining chair, facing a good light, (the erect posture will answer), an assistant then takes the sponge electrode (the anode) and usually applies it to the temporal region of the side to be operated on, or the patient can simply hold it firmly in his hand. Having the needle electrode (the cathode) ready, I break the current, by means of my foot interrupter, and gently evert the lid, accurately place the needle point into the opening of the follicle which still contains the deviated cilia, and steadily press the needle in the direction of and somewhat beyond the hair papilla. This period of the operation is made more perfect by employing a lens of one or two inch focus, which I hold between the forefinger and thumb of the left hand, using the middle finger to evert the lid; or an assistant, if at hand, may hold the lid. The patient had better be warned, at this juncture, not to make any sudden start when the slight shock accompanying the completion of the circuit is felt, lest the needle be displaced, steadying the head as much as possible to prevent it. I now complete the circuit by means of my foot interrupter and allow the electrolytic action to go on until I plainly perceive a slight frothing up around the stem of the needle, when I at once interrupt the current. The quantity of this whitish froth is a comparative measure of the effect produced. Sometimes the cilium comes away with the needle, being stuck to it by the frothy material spoken of. Generally it is only necessary to take the hairs away with a pair of depilation forceps or simply with the fingers, but no force is to be used in this step, for if the cilium does not come away by merely taking hold of it, it is a certain indication that the operator either has not obtained sufficient electro-chemical decomposition, or that the follicles and papillæ have not been reached, in which case another application should be made.

The more accurately the needle has been placed, the less the necessity for any great de-

gree of electrolysis. With about eight ordinary sized elements, I accomplish the desired effect in from two to five seconds; with twenty-eight elements, one second suffices. I prefer to use few elements, for the reason that when the circuit is closed, scarcely any shock is felt; this, however, can also be attained as follows: notwithstanding many elements are used, the sponge, not too wet, must be very gradually brought in contact with some portion of the body, the palm of the hand, for instance.

Hairs growing on any part of the body can be thus dealt with, and from what I have seen, I believe that the partial growth of beard on the face of females can be treated successfully in this manner, leaving scarcely any trace. I have, in a recent case, removed hairs connecting the two eyebrows, but as all have not yet been electrolyzed, I cannot state what the condition of the skin will be after the entire removal. The applicability of this agent in the above form to the treatment of other affections of the eye and its appendages, I am now testing with very flattering results so far.

## Clinical Reports.

### "SORE THROAT."

BY CHAS. A. TODD, M. D.

Surgeon Diseases Ear and Throat, St. John's Hospital;  
Clinical Prof. Diseases Ear and Throat, Missouri  
Medical College, etc.

At this season, Autumn, as well as in the early Spring, that troublesome malady, popularly known as sore throat, becomes very prevalent. The sudden changes of temperature of the season combined with gusty weather, the chilly air laden, perhaps, with smoke and dust, sufficiently account for this frequency of irritation and inflammation in the region of the respiratory passages, *i. e.* the nose, pharynx, larynx, trachea, and bronchia. Old catarrhs spring into fresh activity, and those hitherto well scarcely escape mild attacks of similar nature.

My specialty of the ear and throat forces these considerations upon me with particular emphasis, the season never failing to enrich the clinic with numerous typical cases to the advantage and profit of the attending students. Among the patients whose names have been

recently recorded upon the clinic register, will be found examples of all the inflammatory affections, acute and chronic, that are ordinarily observed in the several regions above detailed. I propose to consider briefly a few cases selected out of those examined at the last two clinics at St. John's Hospital, Sept. 20th and 22d.

## CASE I.

*Acute Tonsillitis, double.*—Lizzie S——, aged 20 years, a strongly built woman with the following history: Four days before she "caught cold," suffering pain in the fauces and difficulty in swallowing; next day symptoms worse, patient compelled to go to bed. Present condition feverish, patient quite weak and is able to swallow only liquids. Prefers hot drink, cannot endure cold. Complains of great pain in throat and neck generally. Much swelling under angles of jaw. Can barely open the mouth for examination. The whole faucial region highly congested, the tonsils nearly meeting, the right being the larger. Treatment, flannels wrung out in hot water applied about the neck every hour; chlorate potash gargle at least every hour; Dover's powder at bed time, to insure sleep. Speedy relief of all symptoms followed this plan of treatment; the threatened suppuration was averted, and in three days the patient was free from all difficulty in speaking or swallowing.

## CASE II.

*Chronic Tonsillitis, Hypertrophy of Tonsils.*—John D——, aged 7 years. A delicate child with the following history: Two years ago his mother noticed that he complained of pain in swallowing, about the same time he suffered from earache, which continued until a discharge of pus appeared from the right ear; this persisted to the present time. From experience I have learned to expect no regression of hypertrophied tonsils within a reasonable length of time under any form of treatment. In this case the tonsils extended far into the fauces, and not only interfered with the child's respiration and speech but also kept up the aural disease, an important point to note. Also such an abnormal condition of the fauces may be easily stimulated into acute inflammation upon slight provocation. Winter is at hand with the contingencies of melting snow, etc. Extirpation of both tonsils was resolved upon and accomplished by means of the tonsillotome, or guil-

lotine, the operation requiring but a moment. In operating upon children I prefer this very convenient instrument, on the score of its combined rapidity and safety of action; points whose importance is readily appreciated by those experienced in tonsillotomy. Besides, children are not so terrified under its use as when the knife is substituted.

The operation was followed by no inflammation; and the aural disease, perforation of membrane and suppuration of middle ear, may now be treated with good result.

## CASE III.

*Syphilitic Ulceration of Pharynx.*—Mary H——, aged 28, house servant. A somewhat anæmic, but well developed woman, has complained for several weeks of pain and difficulty in deglutition. Refers the sore throat to cold contracted while working in draughty passages. On examination of fauces the back of pharynx is seen to be extensively ulcerated, the sore being, however, superficial and covered with sloughy matter. Patient gives no definite history of syphilis, but the appearances justify the diagnosis of syphilitic ulceration. Bichloride of mercury, alum gargle, and thorough touching with solid cupri sulph., will be the treatment for the present, adding a simple tonic. I found copper thus used very highly praised in the venereal wards at Vienna. It was freely applied to condylomata. It has maintained this reputation in my clinic.

## CASE IV.

*Tuberculous Laryngitis, or Phthisis Laryngealis.*—Catherine B——, aged 25. In last stages of phthisis pulmonum. Added to her sufferings from the pulmonary disease are the still more painful symptoms arising from advanced laryngeal complications. Solids she swallows with comparative ease, but a violent attack of coughing immediately attends any attempt at drinking, the liquid being ejected through nose and mouth. These fits of coughing rack her more severely than those excited by the accumulation of matter in the bronchia. Abundant experience in the examination and treatment of phthisical patients leads me to diagnose at once distortion of the epiglottis, due to the infiltration, whereby it is disabled from closing accurately the entrance into the larynx. Solids and semi-solids pass readily, but liquids leak in, as it were, under the uneven

edges of the abnormal organ. The laryngoscope shows great thickening of the epiglottis which has a rigid, horseshoe form. The vocal cords are thickened and eroded; of course under such hopeless conditions palliative treatment only is to be expected. Nitrate of silver applied with the laryngeal probang, in strong solution, or sulphate of morphia blown into the larynx through the insufflator may give temporary relief from pain; the patient is too near death to justify hope of more than this. That these two remedies should be thus classified together may excite surprise, but it is a fact often proven in practice that in cases of severe laryngeal pain due to ulceration, a thorough application of silver may be expected to give quick and decided relief. Morphia acts, to be sure, instantaneously, but its effect is merely that of an anodyne; silver modifies the tissue changes, besides affording protection to the raw surface by combining with its albumen.

#### CASE V.

*Chronic Catarrhal Laryngitis.*—Hermann F—, aged 40. A very hearty, rugged looking man. Brewer. Has been troubled, winters, some years back with cough and hoarseness. This summer, for the first time, the cough has continued almost uninterruptedly.

The laryngoscope shows thickening of the vocal cords, which are of a brick-red hue, as is the whole mucous membrane of larynx and trachea; the fauces also exhibit chronic inflammation; rales are heard all over the chest, but there is no dulness. There is here, then, a chronic inflammation of the mucous membrane of the whole respiratory tract, from the fauces down into the small bronchia. Treatment in this case will be very tedious and a radical cure in this climate not to be promised. For the larynx I shall apply a combination of iodine and glycerine, much used by Schroeter in Vienna, in cases of chronic thickening. Doubtless the laryngitis, if in the first place an independent disease, is now maintained and aggravated by the bronchitis, which must of course receive full attention.

### AN EXTRAORDINARY CASE OF BRAIN LESION.

REPORTED BY V. BIART.

Several interesting cases, showing the remarkable tolerance of the brain in certain

instances, have been reported during the last few years. It having been my good fortune to examine a brain that had been subjected to repeated injuries, and under the most peculiar circumstances, I shall try to give as accurate an account of it as my memory will allow:

On Tuesday morning, the 21st of September last, at Leavenworth, Kansas, I was called by a physician to assist in a post mortem. A man named Waters, residing in the vicinity of the city, had died the day before from an overdose of morphine. This man had, on different occasions, inflicted injuries to his skull and brain in a most unique manner, (which I shall presently describe), and the object of the autopsy was to find the extent and character of the lesions. As regards the history of the man, I can say but little, having paid no attention to it, but all the details of his former career were published in the *Leavenworth Times*, of September 21st. What little I remember of the history, was told me by Dr. Carpenter, the attending physician to the Kansas State Penitentiary, and I shall give it here to the best of my recollection:

Waters had been a convict of the Penitentiary for some time, and was noted among his fellow convicts for a strange peculiarity which he possessed, namely, that of boring holes into his skull and running wires into his brain. The first time that this fact was brought to the notice of the attending physician was, I believe, last winter. Waters had then made a small hole in his skull by means of a bradawl, and through this hole he ran wires into the substance of the brain, showing the other convicts how he could do so with perfect impunity. The aperture was made in the right parietal, near the inferior posterior angle, and the wires had been introduced horizontally.

When Dr. Carpenter was called, he found a few of the wires still within the cranium, though protruding externally. He removed them, and since then has kept them in his possession. The wires are several inches long, and when the Doctor extracted them, had pierced both cerebral hemispheres. Waters at that time remarked, that he had, on other occasions, run wires, and even nails, into his skull, and that some of these still remained there.

He having previously showed some signs of insanity, he was now removed to the Kansas

State Insane Asylum, but was soon after discharged as cured and returned to the Penitentiary. Dr. Carpenter says that slight paralytic symptoms were observed immediately after the last injury, but they were insignificant and evanescent. Never since that time, did Waters show any particular evidence of cerebral lesion, and he performed his daily labor with correctness and understanding. It is said that he was possessed of a suicidal mania and had already attempted to kill himself. On the 20th of last month, he, by some means, procured a drachm of morphine, of which he took a large quantity, and died soon after.

Dr. Carpenter opened the skull and brought the brain, as well as the upper part of the skull, to his office, where we examined it. Dr. Shoyer, of Leavenworth, also being present. Besides the aperture already mentioned, we found a similar one in the vertex, it being situated in the right parietal, very near the sagittal and equally near the coronal sutures.

The brain was much congested, and on examining the portion corresponding to the aperture at the lower and back part of the parietal, we could only discover a thickening of the dura-mater and an adhesion of the membranes to the cerebral substance beneath. But we could discover nothing indicating the path of the wires, and even section of that part of the brain revealed nothing. We next turned our attention to the upper part of the cerebrum, and here we saw the point of a wire, just a trifle above the dura-mater.

The membranes were adhering to the wire and also to the brain substance beneath them; they were then divided to show the path of the wire, which was almost vertically downward from the point of entrance. The point of the wire could be felt by the finger, resting upon the dura-mater at the base of the brain, and immediately in front of the fissure of Sylvius. It had barely escaped wounding the superior longitudinal sinus and had not touched the corpus striatum, involving only the meninges, the superior cortical portion, and the internal part of the corpus callosum and the medullary substance. The wire was about three inches long and about 1-16th inch in thickness. It was coated by glairy, gelatinous matter firmly adhering to it, and the brain was notably softened along the wire, though only in a very

circumscribed space. To our great surprise, we found a flat nail, also imbedded in the brain, lying along the wire, it evidently having passed through the same aperture in the skull. This nail had gradually settled down till its two ends were almost equally distant from the corresponding cerebral surfaces, and its direction was now a little oblique. This nail was, if I remember correctly, about  $1\frac{3}{4}$  inches long, and about 1-5 inch wide at its upper part. The anterior lobe was now divided from the remaining part of the brain, and is in possession of Dr. Carpenter, at Leavenworth, Kansas. The brain itself was of good size, well developed, and its convolutions and sulci well defined. This nail and wire had been in that brain for at least eight or ten months. The wire did not lie sufficiently close to the Island of Reil to produce any symptoms of aphasia.

I may have erred in some of the details concerning the man's history, but the description of the condition of the brain, as we found it, is as near correct as I am able to give it. Dr. Carpenter has promised to report the case, and will undoubtedly give a full and detailed history of this anomalous case.

---

## Correspondence.

---

### "AN ACADEMY OF MEDICINE."

---

*Mr. Editor:*

For one, I desire to thank you for your timely suggestions in the late number of your journal in regard to the great need which exists in St. Louis for "An Academy of Medicine." You have so succinctly and happily stated the matter, that it is difficult to supplement your remarks with anything more convincing or to the point. St. Louis is rapidly establishing her claims to be the "future great" city of this country; she is gaining fast upon the great commercial and financial center of the continent. In rearing a grand city, as in the education of a child, we should studiously avoid all the evil examples which have gone before, and "hold fast to that which is good." It is in this way that the West is rising every day in point of commercial independence and power, and it behooves the medical profession to see to it that its lamps are kept trimmed and burning in the midst of the amazing progress

which is so rapidly metamorphosing everything around us.

Within a few brief years the whole plan of business transactions have undergone an entire transformation; our Stock Exchange, our magnificent Merchants's Exchange and a palatial Custom House, all suggest a great metropolis and metropolitan modes of conducting the transactions of every day life. The village school house has become a legend of the past; so too, the town medical society, (which answered its purpose admirably when the town doctors were all personally acquainted) has ceased to fulfill the requirements of the profession of the present day. In those good old times when the oldest and largest medical association which we have in our midst was inaugurated, every physician knew his neighbor; every new comer was quickly weighed in the balance, and his status immediately established; there were no specialties, and everything was conducted "on the square." Hence, the functions of a medical association were few and simple; all participated in its deliberations with mutual profit and pleasure; but it is impossible in the very nature of things that such should be the case now, when scores of medical men, good and bad, come and go every year without attracting the slightest notice even from their next door neighbor. Medical colleges spring up mushroom-like in a night, with long lists of titled professors, engaged in the nefarious business of *selling* diplomas, yet in the present crowded condition of our profession, few can locate either the colleges or the "professors." The profession in St. Louis has become so numerous that *union for any other purpose than wholesome discipline*, renders it unwieldy. Real strength and true progress must consist in a thorough and cordial union of such hearts and hands as desire the development and maintenance of a healthy and vigorous *esprit de corps* in our midst. Such a union can only be realized through the establishment of such an organization as you have mentioned—the Academy of Medicine of New York city; this is a grand professional "*clearing house*" through which every physician in the city with any pretensions to respectability in any of the departments of medicine, must pass before he is entitled to the amenities and benefits due to an honorable standing. And, as you remark, having been thus found qualified, the members

can connect themselves with such "sections" as may suit their several tastes, where they may, without the clashing of interests, discuss such subjects as properly come before them. How far it might be desirable to organize subdivisions in our city, time and other circumstances would decide; certainly, however, the establishment of several sections upon special branches would be conducive to the advancement of scientific improvement and add greatly to the interest at present manifested in society matters.

Far be it from me, Mr. Editor, to disparage any of the organizations in our city; as you say, they all have laudable aims, and are entitled to our respect. I am a member of one of them, and expect to continue so, but a desire to see an Academy of Medicine established, implies no disloyalty to any existing organization, because there is no necessary conflict of interest. The object of the former is to supply a need—yea, *an absolute necessity* which none of the others can fill, simply because none of them can secure the membership of all who should be in, and, perhaps, all contain some few who ought to be out. As you say, none of them are "*authoritative*," whereas, an Academy organized after the New York plan, can be easily made so, and kept so. It only requires determined and united action on the part of all who have the success and honor of the profession at heart. Such organizations as we already have, long existed in New York and other of the older Eastern cities, but increase of population and the exigency of the times have necessitated a new order of things, and we cannot ignore the lessons which the experience of older and better regulated communities teach us.

Not only would a properly conducted Academy infuse new vitality into our profession, speedily separating the "sheep" from the "goats," and thus maintaining a higher and stricter standard of ethics, but it would pave the way to that harmony which, we regret to say, is much needed. In fact, these advantages can only be secured by this means. It gives us a supreme court from which there can be no appeal, and from the jurisdiction of which there is no escape, save in outlawry and professional disgrace. It is to be hoped, therefore, that every well-wisher of true medical progress in St. Louis will lay aside all preju-



dices, and unite in an effort to place our profession on the only basis which will secure to it peace, prosperity and honor, rescue it from present lethargy, and avert impending decay and ruin.

W. C.

### CORRECTION.

*Mr. Editor:*

In my paper upon the recent unfortunate affair at the County Asylum published in the *RECORD* for September, appeared the following: "During the interval between the first day of the inquest and the next Saturday, when the jury completed its work, Drs. Hughes and Stevens gave their views freely through the public prints upon the management of lunatic asylums and the treatment of the insane."

Dr. Stevens writes in relation to the foregoing paragraph as follows: "I have only to say, that I did not write or dictate any of the articles referred to! I much preferred absolute silence, with a few grains of meditation."

I wish here to make the proper correction which is due to him, and at the same time express my regret that injustice has been done Dr. Stevens in any degree.

That there seemed to be good ground for the objectionable statement will appear from the following facts:

In the *Times* of Aug. 17th, an "interview," between Dr. Stevens and a representative of that paper, over a column in length, was printed. This "interview" professed to give Dr. Stevens' views on the then recent poisoning cases, and a long extract from Dr. Stevens' Annual Report for 1871 upon the proper government of an asylum for the insane.

It was not stated that Dr. Stevens evinced any disinclination to be "interviewed" upon the subject, nor have I seen any correction of certain glaring inaccuracies in the report of the interview, in the columns of the *Times* from that day to this. Hence, the inference was very naturally drawn from these premises that Dr. Stevens approved of the interview as published and of its publication.

The above statement of the grounds upon which the paragraph in question was founded is in justice due to myself.

I considered any attempt to influence the coming verdict of the coroner's jury except in a strictly legal manner through sworn testi-

mony as dangerous to justice, morals and the due administration of law; therefore, reprehensible in the highest degree. Any prejudging of the case by friends or enemies of the officers of the asylum, I considered as directly tending to thwart the jury in its endeavors to find out the truth. Hence, I am glad to undo the injustice I was innocently the means of doing my respected friend Dr. Stevens.

Very respectfully yours,

WM. B. HAZARD, M. D.

3117 Clark Ave., St. Louis, Sept. 26th, 1875.

*Mr. Editor:*

Your proposition that an Academy of Medicine is needed, and that the need for its establishment is urgent, meets with my full and hearty approval. What is of the last importance in its creation is a throwing aside of professional jealousy, that *invidia medica* which has been the cause of so much unseemly wrangling and dissension in the old organization.

The fees should be placed high and a three-fourths vote should be necessary to elect a new fellow. A strict examination should be made into not only a candidate's professional attainments and standing, but also into his character for peace and forbearance; the latter quality should be insisted upon. More anon.

C. H. O.

## Extracts and Abstracts.

ON LOCALIZATION OF FUNCTIONS IN THE BRAIN.\*—The subject upon which I shall have the pleasure of speaking to you to-night is that of the localization of functions in the brain. The general principle that parts exist in this organ which serve for definite functions is now pretty generally admitted, and the question remaining to be discussed is, therefore, whether or not such parts have as yet been found. As is well known, it is to two German physiologists, Fritsch and Hitzig, that is due the discovery of facts which have led to the reopening of this question. Hitzig and several other observers have published pathological facts which are in harmony with the apparent results of physiological experimentation. This attempt to establish on these two classes of facts a theory according to which certain parts of the fronto-parietal convolutions of the brain

\* A lecture delivered in the rooms of the Boston Society of Natural History, June 1, 1875, by C. E. Brown-Sequard, M. D.

are the centers for the voluntary movements of definite groups of muscles has been warmly supported by many distinguished observers, and among them my eminent friend, Professor J. Charcot, of Paris. Before I try to show that this theory ought to be rejected, and that the facts on which it is grounded ought to be explained in a different way, it may be well to say a few words about another theory of localization which has been germinating in my mind for twenty years, although it has assumed a definite shape only within the last two years. The facts upon which this theory is founded are the following: You will all remember that I have often taught in this room and elsewhere that the character of the symptoms in brain diseases is not in the least dependent upon the seat of the lesion, so that a lesion of the same part may produce a great variety of symptoms, while on the other hand the same symptoms may be due to the most various causes, various not only as regards the kind, but also the seat of the organic alteration. In view of these facts, I have been led to believe that lesions of the brain produce symptoms not by destroying the functions of the part where they exist, but by exerting over a distant part either an inhibitory or an exciting influence, or, in other words, either by stopping an activity or by setting it in play. This implies the existence of localized functions, but it does not in the least imply that the localization is such as is supposed to exist by Hitzig, Meynert, and others. If we suppose that each of these functional centers is located, not, as these physiologists admit, in a cluster of cells all collected in a certain space or a limited and well-defined part of the brain, but in cells very widely diffused through that organ, we can easily explain all the facts that are furnished by experimentation on animals and by clinical observation. With this theory we can easily understand why considerable lesions in the two sides of the brain may not be followed by the loss of any function, while it is impossible to reconcile such a fact with the former theories of localization.

If we further admit the view I have held for years, that one-half the brain can perform all the functions of the two halves, we can easily understand that in cases of a lesion confined to one-half that organ, if it extends through the whole of that half, there may be a persistence of all the cerebral functions (as regards voluntary movement, sensibility and intelligence).

According to the theory that cells endowed with one and the same function are scattered in the brain, it is very natural that the effect of even a most extensive lesion should be only to diminish the number of the cell elements which have to perform the various functions of the brain, without entailing the loss of any special function.

There is, however, another point which needs to be explained; and that is, how it can be that disease in one part of the brain should destroy the function of distant parts. There is a large number of facts bearing upon this branch of the subject; we know now that disease in the hemispheres of the brain may be followed by alterations of nutrition in the pons Varolii, the medulla oblongata, the spinal cord, the nerves, the muscles, the skin, the joints, and even the lungs (œdema, emphysema, hemorrhage, or disturbances of the circulation), and further that these alterations in circulation and nutrition may come on with great rapidity, and that they stand in no constant or definite relation, as regards either character or position, to the lesions in the brain by which they were produced. In view of such facts as these we can easily conceive that a disease of any part of the brain should bring alterations in circulation and nutrition in other parts of this organ itself, and thereby a loss of this or that function. Besides, as we know that an irritation, however able sometimes to produce changes in distant parts, may in other cases fail to produce them, we can easily understand that a lesion in one part of the brain will sometimes produce symptoms and fail to produce them in other cases.

Let us now leave this part of the subject, and pass to the well-known experiments of Fritsch and Hitzig, the results of which, although not absolutely constant, as I have found, are yet sufficiently so to claim our close attention. Admitting, which is not quite proved, that the current acts locally and not by propagation to other parts, as ably maintained by my ingenious friend and pupil, Dr. Dupuy, it is not yet definitely settled whether the muscular movements produced in these experiments are due to the irritation of the gray matter, or of the nerve fibres of the cortex cerebri. My friend, Professor Rouget, on anatomical and physiological grounds, inclines to the latter view. Whatever may be the truth about that special point, there are several decided obstacles to admitting the conclusions which have been drawn from these experiments; one of these is that the parts, through the galvanization of which these movements are caused, are the will-centers for such movements. In the first place, these supposed centers are not situated in homologous parts in different animals, cats and dogs for example, a fact which evidently is a fatal objection to the theory. In the second place, these centers do not differ in size in the same proportion with the muscular masses to which they correspond; one small muscle, for example, the orbicularis oculi, which in bulk is certainly not even the hundredth part of the mass of muscles of the anterior limb, has a center (pointed out by Fritsch and Hitzig) which, according to my experiments, is five or six times (in the

dog) as large as the center for the muscles of the anterior limb, so that the center for the orbicularis is, proportionally to the mass supposed to be moved by it, five or six hundred times as large as it should be. In the third place, according to Ferrier's researches, we find that instead of one center the orbicularis has three in dogs and cats, and that the sterno-cleido-mastoideus has from three to five centers, and that these various centers for one muscle are wide apart one from the other.

Besides, Vulpian has injected the chemically inert lycopodium powder into the cerebral circulation, with the effect of choking up the vessels of the cortex cerebri, whereby we should expect that the function of this organ would be destroyed; nevertheless, by galvanizing it, Vulpian succeeded in obtaining the muscular movements so often referred to almost as distinctly after as before the operation.

Hitzig has found that the destruction of these supposed centers causes a paralysis of the parts which are moved when galvanism is applied to those centers. This sometimes occurs, it is true; but sometimes it does not, and when it occurs it is not permanent. In one case, one of the best observers of our times, Professor Rouget, after producing paralysis of the anterior limb by destruction of the cortical center of the opposite side of the brain, found that when the similar center on the other side of the brain was destroyed, there was (instead of a paralysis of the anterior limb yet free) the cessation of the paralysis produced by the first lesion.

If paralysis in the case of the extirpation of a part of the brain depended, as Hitzig and other localizers suppose, on the loss of the center for certain voluntary movements, it is clear that in Rouget's experiment the paralysis should not disappear as it did after the second operation, but that, on the contrary, a paralysis of the other anterior limb should have appeared. But if we admit that paralysis is due to an inhibitory influence exerted by the irritation of the parts surrounding the so-called "center" first extirpated, we can easily understand that a similar irritation, coming from the other side of the brain, destroys the effect of the first. The irritation of the big toe, as I have shown, will produce an inhibitory influence on the nerve-cells of the spinal cord in certain cases of inflammation of that nervous center, while the irritation of other parts of the foot will stop that inhibitory action and allow the inhibited nerve cells to become active again. But, whatever be the true explanation of the fact observed by Rouget, it is most decisive in showing that the part of the brain extirpated is not, as supposed by Hitzig and others, the center for certain movements of the anterior limb.

Another important fact is that if we take away not only the pretended psycho-motor

center of a limb, but besides that part a good deal of the surrounding substance of the same half of the brain, we frequently find that there is no paralysis appearing. If Hitzig's views were correct we should then have a more extensive paralysis than there is in his experiments, as not only several of the supposed psycho-motor centers are taken away, but also the intervening parts of the brain, which several writers have considered as being vicariously able to replace the missing centers. I know that it may be said that the other half of the brain then performs the motor function of the injured half. But what becomes of this explanation *in extremis*, when we find that the simultaneous ablation of the pretended psycho-motor centers on the two sides is not followed by paralysis? The celebrated experiment of Flourens, consisting in slicing away the two halves of the brain from their anterior parts toward the pons Varolii, has long ago shown that a great deal of the substance of the cerebral lobes can be taken away without the appearance of paralysis.

Charcot, J. H. Jackson, and others, in support of the theory I am now criticising, have brought forward a number of pathological facts. My former assistant, a distinguished pupil of Charcot, Dr. R. Lepine, in a thesis on localization in diseases of the brain, has given a drawing of a brain on which five black spots show the places of disease in as many cases, in most of which convulsions occurred chiefly or only in the arm on the opposite side. These five places are considered as corresponding to the supposed psycho-motor centers of the thoracic or abdominal limbs discovered by Fritsch and Hitzig. I wonder at this conclusion; for, if we were to admit that convulsions in those cases depended on the irritation of such centers, they would, in the brain of man, occupy a proportionally very much larger part of the convulsions than in dogs, cats, and monkeys. Besides, in most of these cases there was disease in other parts of the brain.

But if these facts were in the most perfect harmony with all the requirements of the theory, they would only show that *sometimes* a lesion in certain convulsions of the brain can produce convulsions either in the arm or in the leg on the opposite side. If we study a very much larger number of cases than those mentioned by Lepine, we find that on the one hand the pretended psycho-centers for the arm or for the leg, are often diseased without the production of convulsions, and, on the other hand, that many other parts of the brain can, when injured or diseased, produce convulsions either in one arm or in one leg.

Cases published by my ingenious friend and former assistant, Dr. J. Hughlings Jackson, have led him to believe that when convulsions take place in cases of the disease of the cerebral convolutions, they appear in the opposite

side to that of the disease—a fact which seems to him to show that these convulsions contain motor-centers for the limbs on the opposite side. If we extend our investigation to a large number of cases of injury or disease of the brain producing unilateral convulsions, we find that they occur more frequently in the limbs on the side where the lesion is in the brain than in the limbs on the opposite side. Thus, of twenty-two cases of hemorrhage in the brain having produced convulsions in only one or in two limbs, there were seventeen in which the convulsions were on the side of the lesion, and five only in which they were on the opposite side. This predominance of convulsions on the side of the brain lesion is a decided proof that these convulsions do not depend on a mechanism similar to that of the movements produced in the limbs on one side in the experiments of Fritsch and Hitzig, as in these vivisections the movements take place in the limbs on the opposite side to that where the brain is galvanized.

The following facts are certainly not in harmony with the view that the convulsions of the brain contain motor-centers. Neither are they in harmony with the view that the pretended motor-centers are in the anterior and middle lobes and not in the posterior. Taking the cases of cerebral hemorrhage collected by Gintrac, I find that there were convulsions in forty-seven out of two hundred and twenty-two cases of hemorrhage in the various parts of the brain proper, not including the corpora striata, the optic thalami, the ventricles, or the central parts. These forty-seven cases of convulsions were distributed as follows:

In forty-five cases of hemorrhage in the convulsions, eleven cases; in seventeen cases of hemorrhage in the anterior lobes, two cases; in one hundred and twenty-seven cases of hemorrhage in the middle lobes, twenty-five cases; in thirty-three cases of hemorrhage in the posterior lobes, nine cases.

The kind of lesion has much more to do with the appearance of convulsions than the seat of the lesion. The anterior lobes, for instance, give rise to convulsions very frequently in cases of tumor, inflammation, etc., while, as I have already shown, they produce convulsions more rarely than any other part of the brain in cases of hemorrhage (in two only out of seventeen cases of hemorrhage).

I will only mention a few other strong arguments against the view that convulsions in brain-disease depend on an irritation of supposed psycho-motor centers. We find that convulsions may be produced by disease in any part of the brain, and that they may not appear, whatever part be diseased and whatever kind of disease exists. We find also that convulsions will vary extremely in their intensity, frequency, extent, etc., while the seat and kind of the disease is the same, and that, on the

contrary, with a great variety as regards seat and kind of disease, there may be convulsions in the same limited part of the body. If we turn to animals we find, in some of them at least, certain parts, the irritation of which gives rise at once to epileptic attacks: but these parts lie in the spinal cord and not in the brain, and the convulsions may take place when the entire brain and pons, and even the medulla oblongata, have been removed.

As time presses, I will content myself, before concluding, with mentioning some very curious experiments I have made recently. Till now I have not been in a position to repeat them as often as I wished, but have performed them already on five guinea pigs, on one dog, and on one rabbit. They were undertaken with the view of ascertaining whether the application of the actual cautery, at a white heat, to the brain, would produce the crossed movements observed when we galvanize certain parts of the surface of that organ. My son assisted me, and watched the animal while I applied the cautery. In no case was any movement observed under these circumstances, showing that the action of the actual cautery is different in that respect from that of galvanism. But the particularly interesting part of the experiment was, that as I continued to observe the animals, during a number of days after the operation, I found, to my great surprise, that they showed some signs of paralysis on the side of the cerebral injury. A paralysis on the side of the brain-lesion in the human subject occurs much less rarely than most medical men believe; thus I have collected more than one hundred and fifty cases in which it has happened. I can not enter into all the theories that have been offered in explanation of its occurrence. With regard to that based upon supposed anomalies in the decussation of the pyramids, I would say that an absence of decussation has never been observed, and that, indeed, the pyramids do not seem to be the channels, at least the only channels, between the will and the muscles, as in the case of Vulpius they were well-nigh destroyed without paralysis resulting.

Another supposition has been made, which probably is true for some cases. Ambrosi, Scholz, and others have looked upon paralysis as being caused by a pressure producing some oedema and anæmia in the other side of the brain, and not by the organic disease we find after death in the side of the brain corresponding with the side of the paralysis. This certainly is not true for a vast number of cases, in which there was no pressure at all.

The paralysis which has been found in my experiments, above alluded to, following cauterization of the cortex cerebri on the same side, is not, to be sure, very marked, but sufficiently so to be evident to careful observers. It exists in one or both limbs, and sometimes

in the belly and the face. It is accompanied by a slight degree of contracture, especially in the front limb. Besides, there is also, on the same side, a paralysis of some branches of the cervical sympathetic nerve, as we find that the eyelids are partly closed and generally the pupil is contracted,—two phenomena which we observe after the division of that nerve.

It is clear that if a paralysis can appear on the side of an injury to, or a disease of the brain, we are not to look upon it as an effect of a loss of function of a supposed motor center.

To conclude, I will say that if we survey all the facts brought forward to support the supposition that there are distinct psycho-motor centers in the brain, belonging to each set of muscles performing a distinct kind of movement, we find that it is impossible to admit that these centers occupy a separate, well-defined, and limited territory in some of the convolutions of the anterior and middle lobes of that organ; and we find also that the supposition brought forward in the beginning of this lecture—that the nerve-cells endowed with each of the primary functions of the brain are disseminated through that organ, so that no local lesion or irritation can reach more than a part of those endowed with the same function or the same kind of activity—we find, I repeat, that this supposition is supported by most of the known facts and out of harmony with none. Regretting not to have time to dwell more at length on this subject, I thank you for the profound attention with which you have listened to this rather hurried argumentation.

[Dr. Brown-Sequard then demonstrated the changes referred to, especially as regards the eyelids and pupil, upon two rabbits which had recently been operated on in Dr. Bowditch's laboratory at the Harvard Medical College.]  
—*Boston Medical and Surgical Journal*, July 29, 1875.

**MENSTRUATION NOT A PHYSIOLOGICAL PROCESS.**—Dr. A. F. A. King (*American Jour. Obstet.*, August, 1875) advances the startling proposition that "menstruation is an abnormal process."

1. Menstruation is the result of an interference with nature, of a thwarting of her designs, of a violation of her laws, and is preventable by obedience to those laws.

2. In the great majority of cases it is not latent, as are other purely physiological processes, but is accompanied by unpleasant symptoms.

3. To preserve comfort and cleanliness it requires during its continuance the application of an artificial appendage to the person. This requirement belongs to *no natural* emunctory.

4. Menstruation is a hemorrhage; it is attended with the rupture of blood vessels. Blood vessels were not made to be ruptured; no hemorrhage is natural.

5. Although menstruation is desirable and necessary in celibate females to relieve congestion of the uterus, it still ranks second best to reproduction, which prevents abnormal congestion; and it ought no more to be considered physiological on account of its salutary effect, than epistaxis, which relieves congestion of the brain, or bleeding from hemorrhoids, which lessens portal congestion, nor indeed than "vicarious menstruation" from the nose, skin, breast, stomach, lungs, etc., which are equally beneficial in depleting an over full vascular system.

6. The menstrual periods in woman are analogous with the periods of oestrus ("heat" or "rut") and ovulation in other animals. In both women and animals these epochs are the periods naturally designed for coitus and successful impregnation, as evidenced (a) by the coincident discharge of ovules, and (b) by the well-known greater certainty of conception taking place when coition occurs during the epoch. Now the menstrual discharge, except during the first few ovulatory periods of puberty, prevents coition, or if sexual union is admitted without precautionary measures, it may produce gonorrhœa in the male. The menstrual discharge of blood has no analogue in other animals.

7. Evidence is wanting to prove that menstruation is common in women belonging to the savage races of mankind, who live more strictly in accordance with nature, untrammelled in their reproductive function by the usages of civilization. The Hindoo women, as a rule, do not menstruate; with them menstruation is considered a crime.

8. History does not furnish unequivocal evidence that menstruation was common in ancient times.

9. Women have been known to bear large families and enjoy good health without ever menstruating at all. Can it be said that such women are sick? Must it not be admitted rather that they are enjoying a higher grade of health; that their reproductive systems are following a more strictly natural course than belongs to sterile and menstruating females?

10. Since procreation is natural to women during part of their life, the child-bearing period must have a beginning. If puberty, when the organs are fully developed and prepared to fulfill the procreative office, is not the natural period of reproduction to begin, when else is the beginning of the child-bearing period?

11. Organs which are the seat of structural disease, or which are suffering derangement of function, are peculiarly liable to abnormal congestion and inflammation when the individual is exposed to cold. No truly physiological function has this liability entailed upon it. Normal digestion does not prevent the individual from tolerating ordinary exposure, but

the dyspeptic with deranged digestion cannot enjoy the same freedom. So exactly normal reproduction does not prevent the female from tolerating ordinary exposure, but she who is the subject of menstruation cannot enjoy the same liberty. The menstrual act here again exhibits the qualities of a pathological process.

I affirm that assuming the female to have attained an approximate or perfect development, that she has inherited no tendency to disease, and has been subjected to no such abnormal agencies as would affect injuriously the reproductive organs—under these circumstances there can be no doubt that impregnation during one of the several ovulatory periods that usually precede the establishment of menstruation at the puerbertic age, is strictly in accordance with nature, and the surest means of maintaining typical perfection, both functional and structural, of the reproductive organs.—*Detroit Review*.

**THE INFLUENCE OF SYPHILIS IN PREGNANT WOMEN, UNDER VARIOUS MODES OF TREATMENT.**—Dr. F. Weber, of St. Petersburg, has given the results of his observations on 129 pregnant women suffering from syphilis admitted into the Obuchow Hospital during the ten years 1863–73. Of these patients, 35 were treated only locally or not at all; 35 were submitted to inunction; in 23, inunction was combined with the external use of iodine (iodide of potassium with tincture of iodine); 19 were treated by the internal use of a combination of iodide of potassium and corrosive sublimate; and in 17 cases iodide of potassium was the only remedy used. He gives abundant statistical details, and sums up as follows: In general, the course of pregnancy was interrupted in 25, or 20 per cent. of the cases; this proportion, however, may be reduced, when it is remembered that of the patients four had erysipelas of the head, one recurrent fever, and one exanthematous typhus. 2. Every method of treatment which interferes with the digestive system predisposes to untimely birth. 3. In the cases submitted to simply local treatment, there were 20 per cent. of premature births; in three, however, (suffering from typhus and recurrent fevers, and from extensive formation of abscesses), violent fever appears to have been in part the cause of the untimely labor. 4. In pregnant women who were treated by inunction together with local remedies, there was no disturbance of the course of pregnancy. This confirms Professor Sigmund's conjecture, that the inunction treatment has no injurious influence on the course of pregnancy. 5. In women in whom inunction was either accompanied or followed by the internal use of iodine, the percentage of premature births was 37; this, however, may be reduced to 20 by deducting two severe cases of erysipelas of the head. 6. General treatment

with a solution of iodide of potassium and perchloride of mercury was attended by 15 per cent. of premature births. 7. In cases treated by iodide of potassium, 42 per cent. of untimely births occurred. 8. The injurious action of general treatment did not in any correspond to its duration, but much rather to its effects on the digestive organs. Hence general treatment should be interrupted on the first indication of indigestion in a pregnant woman. 9. The period of pregnancy at which general treatment is commenced appears to have no influence on the occurrence of premature labor. 10. The stage of development of the syphilis seems to be not without influence on the occurrence of untimely birth. 11. The puerperal period ran an abnormal course in 4 out of 14 cases treated locally, in 3 out of 4 treated by iodine and sublimate (one of these patients died), and in 4 out of 10 treated by iodide of potassium.—*Amer. Jour. Medical Sciences*.—*Buffalo Journal*.

**ELASTIC LIGATURE FOR SECURING THE FUNIS.**—By George Bayles, M. D., New York. —Dr. Pulling's article in the *Medical Record* of July 17th, describing his device of an elastic clamp for securing the funis after parturition, attracted my attention, especially as by it I was reminded that it might be of service to describe a more simple and ready, yet equally efficient, method that I have adopted for the same purpose.

I carry in my pocket-book a moderate supply of small elastic india-rubber rings, of a size that would be somewhat stretched by being drawn over the first joint of the fourth finger of my hand. By so carrying these rings I have them always with me, and need not resort to the clumsy and never perfectly certain method of tying with such string as may be provided by the attendants of the patient. When ready to apply the rubber ring I double the umbilical cord upon itself, so that three inches are taken up in the loop (or four inches if the cord should be exceptionally thick), as close to the umbilicus as possible. I then spring a rubber ring over the loop and roll it down to within half an inch of the abdominal surface. I then cut the funis about half an inch from the rubber ring, external to the loop. I have, therefore, two portions of the funis constricted by one rubber ring. When any doubt occurs as to the sufficient constricting force of the ring, I double the ring upon itself and stretch it over so that it shall do duty as a double strand. Another ring is commonly slipped over the placental end of the funis. This method of ligation has proved in my practice entirely reliable, and for cheapness and convenience is all that can be desired. There is no slipping, and even should the end slip the ring, the stump is still engaged at the base, and quite secure.

It compresses equally firmly after exudation has diminished the fulness of the cord. It determines the exact line of separation, and completes the sloughing process with greater promptness than by the usual method of tying merely the extremity of the umbilical stump. The loop does not form an uncomfortable bunch; for it soon flattens out parallel with the surface of the abdomen, under the pressure of the binder used in infantile dressing. The raw surface of the cut end of an umbilical stump thus ligated, and dressed by the linen wrap as usual, will not moisten and excoriate the tegumentary surface of the abdomen more than by any other method. It is in practice a perfect ligature, which has never caused me the slightest anxiety, as it has not failed to prevent hemorrhage in all the cases (now more than a hundred) in which I have employed this common rubber ring, to be found in the stock of any stationer.—*Med. Record.*

**POST MORTEM PARTURITION, WITH A CASE.**—By William W. Murray, M. D.—*Virginia Medical Monthly.* The following case is recorded, not because any lesson of practical value can be learned from it, but because of its rarity. Other cases of the same kind have been reported, but they are not of such frequent occurrence as to render this one uninteresting:

On the 18th of June, 1872, I was called to see a colored woman, *æt.* 28 years, pregnant with her sixth child, and very near to full term. First saw her at 10 o'clock P. M., and found her in a state of coma, respiration stertorous, pulse very quick and feeble. A vaginal examination was at once made, but afforded a negative result. The os was high up, though easily reached, and undilated. There was no indication whatever of labor having begun. The comatose condition became more and more profound, until death closed the scene, which occurred at 4 o'clock A. M., on June 19th, just six hours after my first visit. If I had been present at the moment of dissolution, Cæsarean section would have been performed with a view to saving the life of the fœtus.

The history of the case, obtained from the mother of the deceased, was as follows: About 9 o'clock A. M., on the 18th while engaged in her regular work of washing at the house of her employer, she fainted, but soon recovered herself, and resumed her work. In a few moments, however, she was seized with an attack of vertigo, so that with great difficulty she could maintain her equilibrium. The vertigo partially passed off in a short time, and she concluded to go to her own house, which was about two hundred yards distant, and with the assistance of the neighbors she was enabled to reach her home. On the way, however, she was seized with a convulsion, and during the remainder of the day she had as many as fifty convulsive attacks, the last one having occur-

red at 6 o'clock P. M., four hours before I was sent for. She died, as stated, at 4 o'clock A. M., the next day (June 19th).

On the 20th June, at 10 o'clock A. M., while the attendants on the corpse, previous to its interment, were quietly seated in the room, their attention was attracted by a *gurgling noise*, as if some fluid was escaping from the body, and on turning back the grave clothes the fœtus was found in the bed, with only the lower extremities undelivered. This occurrence frightened those who were present. I was immediately sent for, and found the condition of affairs as just given.

**CHANGES IN THE BRAIN CAUSED BY CHOREA MINOR.**—(Dr. Julius Elischer, April, 1875.)—We have spoken already of the author's researches concerning changes in the peripheral nerves caused by chorea minor. The following are the author's results obtained by examination of the condition of the brain from the same patient. The vessels known as *arteriæ fossæ sylvii* were filled with blood, had a yellow color, and in some places they were knotted. Their adventitia consisted of irregular cells, while the media in many places could hardly be recognized. The intima was very delicate. The vessels in the striated bodies formed a delicate ramified net work, covered by numerous black-colored, irregular granules. The intima of the vessels in the thalamus opticus and in the corpus lentiform was diseased. Precipitations on their inner surface narrowed the calibre of the vessels and caused an accumulation of white and red blood corpuscles, with all its consequences. Many of the vessels contained coagula of fibrin, around which the walls of the vessels were thickened, and in some places they were cleft. The connective tissue surrounding these vessels was also changed; it contained granulated nuclei. Besides, there was noticed a yellow-brown pigment in radiant heaps. The ganglionic cells of the brain were filled to such an amount with pigment that their whole protoplasm seemed to be destroyed. In the cerebellum and in the cortex of the cerebrum there could be observed no important changes.

All the changes mentioned were of long standing. Besides, the author found among those of late origin, accumulations of white blood corpuscles, generally around collapsed vessels. These abscesses are considered by him as consequences of the puerperal fever by which the patient was attacked. In places where the vessels did not collapse, there could be seen emboli of pus cells.

The changes found in the brain must be ascribed to regressive metamorphosis manifesting itself as fatty, amyloid or pigmentous degeneration. As sequela we have to consider the blood extravasations into the connective tissue.



As the author observed, aside from the changes recorded, morbid conditions in the peripheral nerves, it is shown that chorea is a diffuse morbid process, and not limited to some parts of the brain, as several recent authors declared it to be.—*Detroit Review*.

**CASE OF CHOLERA TREATED SUCCESSFULLY BY CHLOROFORM INHALATION.**—By J. T. Taylor, M. D., of Willard, Ky.—*Med. News and Library*:

In this section of the State there have recently been several cases of Asiatic cholera, one of which it was my fortune to treat, and having treated it, to myself in a novel manner, I take pleasure in reporting it:

Was called to the case about ten o'clock at night. Found the patient suffering the most indescribable pain, scarcely conscious of anything else. Stage of collapse not fully developed. The premonitory diarrhoea had existed for fourteen hours, the discharges resembling "rice-water," characteristic of the disease in question; pulse very feeble, at wrist 125 beats per minute; skin cool and covered with a viscid perspiration; abdominal muscles and those of the legs cramped. In short I deemed the case one of aggravated cholera, and immediately began administering the most potent antispasmodics and anodynes both by the mouth and topically, frequently repeating the doses and increasing them even further than I felt warranted in doing. Pursuing this course of treatment for two hours without in the least mitigating the sufferings of the patient, on the contrary his symptoms seemed to grow worse, when his excruciating agony induced me to try chloroform inhalation, which I did freely (having used it per orem in the above treatment); keeping up the full anæsthetic effect for half an hour, when on the return of consciousness the patient still complained, but felt greatly better; beginning to grow worse after a few minutes, I repeated the chloroform four or five times, allowing a few minutes intermission. Patient was entirely relieved and fell into a quiet sleep. In the mean time I used strong astringent enemata, which controlled the diarrhoea by noon the next day.

I know that one case is not sufficient to test the efficacy of any mode of treatment, but, taking into consideration the severity of the case, and the quick and happy effect it exerted, I have cause to believe it worthy of trial. Anyhow, should I encounter an epidemic of cholera, I would be armed with encouragement and confidence that this course of treatment for cholera would be attended with more success than can be ascribed to any other hitherto practised or advocated.

**EFFECT OF WARMTH IN PREVENTING DEATH FROM CHLORAL.**—Dr. Brunton (who by the way, has succeeded the lamented Anstie as editor of

that excellent medical journal, *The Practitioner*) confirms the observations of Liebreich and others, and finds that the subcutaneous injection of a solution of chloral induces sleep, which is light and easily broken if the dose be small, but passes into coma if the dose be large. In dogs, considerable restlessness was observed before sleep came on, and the respiration was at first rendered rapid, but subsequently became slow. A remarkable diminution of temperature was observed, which appears to be partly due to greater loss from the surface, caused by the vessels of the skin becoming much dilated under the influence of the drug, and allowing the blood to be cooled more readily by a low external temperature. It is partly due also to the diminished production of heat, which cessation of muscular action always induces. Dr. Brunton found that an animal wrapped in cotton-wool may recover perfectly from a dose of chloral which is sufficient to kill it when exposed to the cooling action of the air, and that recovery from the narcotic action is much quicker when the temperature is maintained in this way, and still more rapid when the animal is placed in a warm bath, providing this is not excessive. The bearing of these experiments on the treatment of persons suffering from an overdose of chloral is obvious. The patient should be put to bed, and the temperature of the body maintained by warm blankets and hot-water bottles applied to the various parts of the body, especially the cardiac region. Warmth over the heart is an excellent stimulant to the circulation, which, like the respiration, is enfeebled by chloral. If respiration threatens to fail, it should be maintained artificially, so as to allow time for the chloral to be excreted.—*Drug. Cir.*

**A CASE—HYDROCEPHALUS, PROBABLY.**—Dr. S. Lyons, of Folsom, furnishes us some account of a child known as the Big-headed Baby. He writes:

"When born, its mother, who lives in Ohio, said to me, it had a remarkable long head, but in a few weeks it assumed rotundity, and seemed as large as that of an ordinary man. At the age of five months it became an object of wonder, and people far and near went to see it. As a matter of curiosity a great many physicians called, and gave different opinions. They generally pronounced it hydrocephalus, and concluded that, without an operation, the child could not long survive. The mother, fearing its life was in danger, took it to a celebrated surgeon, Dr. Russell, of Mount Vernon, Ohio. He examined it, and told her to let it alone, as it was in good health, and an operation would kill it, as no water could be diagnosed. She followed his advice, took it home, and nursed it until it was nine months old. Since then she feeds it with a spoon. It is thriving, and now



is two years and five months old, eats and sleeps well, and is perfectly formed in every member of its body, just as any other child of its age, its head being the only exception. I will now give you its dimensions, only adding that, for its size, a more uniform, finely developed head could not exist. Laying a tape-line on the center of the os frontis, I passed it round directly over the occipital bone, and found the circumference three feet and one inch. I placed the line under the most prominent point of the chin, and over the crown of the head, and found the same measure, three feet, one inch. From the tip of one ear to the tip of the other, over the top of the head, twenty-seven inches; from ear to ear, just above the occipital bone, twenty-five and one-half inches. The child rests its head of course continually on a pillow, and has not sufficient strength to move it. Were it not sustained, there is no doubt but the weight would break its neck. It requires the attention of the mother constantly. The head is thinly covered with a coat of hair, of an auburn color."—*Pacific Medical and Surgical Journal*.

**CASE OF TRANSFUSION IN DIABETES MELLITUS.**—Dr. C. Shriver (*Lancet and Observer*) relates that after having tried all the remedies known to be of service in the treatment of diabetes mellitus without material relief, he transfused about twenty-five ounces of blood from a three-months-old lamb with the following results:

Immediately before the operation, the temperature under the tongue was 96°, axillary 95°, respiration 22, pulse 100. Half an hour after the operation, temperature under the tongue 97°, axillary 96°, respiration 21, pulse 92. After dressing the arm, the patient went to sleep and slept soundly for about four hours; he had not slept so well for six months. The third day after the operation—that is, June 9th—the pulse was 88, temperature under the tongue 98°, axillary 97°.

The phenomena observed during the transfusion were, first, oppression of the chest; second, irregularity of the heart's action, pulse rose to 110; third, cough; fourth, vertigo; fifth, perspiration; and lastly, intense pain across the lumbar region, which abated in a few minutes. After he awoke from the sleep spoken of above, he passed about thirty ounces of very dark-colored urine—the microscope showed blood globules, hence the color; but never, at any examination, did the microscope reveal any casts.

The results of the operation were much greater than could have been expected. The patient is gaining in health and strength; appetite good and regular; sleeps well. Formerly he was compelled to arise ten or twelve times during the night to evacuate the bladder. To-day he tells me that he now rises but once.

The terrible feelings of depression and weariness of life are gone; the muscular pains are gone; he says he feels like a new man.

This paper is offered to the profession in the hope that they may use transfusion in diabetes in earlier stages of the disease than I have had an opportunity of doing.

**HYPODERMIC INJECTION OF WATER.**—At the meeting of the French Association for the Advancement of Science, held at Nantes, August 20th, M. Laffite communicated the results of his experience with water introduced subcutaneously. M. Laffite said that this procedure had been known for several years, but had not sufficiently entered into medical practice. He had first observed a case of the most acute articular rheumatism in whom injections of water were employed in the neighborhood of the painful articulations. Relief was almost instantaneous and movements became possible.

In his own practice M. Laffite has obtained remarkable results. He cited the case of a woman who was a prey to the very violent pains of lumbago, who was immediately relieved by the injection of four syringefuls (Pravz's) of pure water.

He has obtained success, sometimes partial, but often equally definite, in cases of facial neuralgia, pleurodynia, sciatica, etc., he has even succeeded in greatly relieving a patient whose pains were due to a phlegmon in the parotid region. M. Laffite adds that if the results which he has obtained are, as he believes, constant, therapeutics will be enriched by an agent as potent as morphine but offering none of its dangers.

As to the theory of the action of aqueous injections we cannot say exactly whether there is produced a paralysis of the extremities of the sensitive nerves by the compression induced by the introduction of the fluid into the connective tissue, or simply to a change in the structures where the nervous extremities are imbedded.—*Le Progrès Médical*, August 28th, 1875. W. B. H.

**HYDRASTIN IN GONORRHOEA.**—Dr. J. N. Bredin, in the *London Lancet*, says: "As far as internal treatment is concerned, I merely give in the first stage a saline aperient to be continued three times daily for four or five days, together with the following injection: hydrastin, one drachm; solution of morphia (Magendie's) two drachms; acacia mucilage to four ounces; to be used three times daily. This I have employed when inflammation ran very high, without even the slightest ill effects, and have used it in every stage of gonorrhoea with the most beneficial results, when every other treatment, both internally and locally, had failed, including red sandalwood oil. But there is one remark I wish to make regarding the use of the injections, which medical men gen-

erally forget, and that is, to tell their patients to micturate previous to its use. Unless this is done, injections in gonorrhœa are useless. Hydrastin is used very much in different parts of the United States, and very successfully. My last patient was a farmer, who had had a gleet discharge for seven months. His medical man had quite wearied him out with injections, etc., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well."—*Chem. Gazette*.

**MIGRAINE, CHOREA, AND RHEUMATISM.**—Dr. Hughlings Jackson has been struck by the intimate relation there seems to be between chorea, migraine, and rheumatism—a relation which he believes was pointed out by the late Dr. Anstie. It is seen in several ways. Patients who have chorea are found to be subject to severe paroxysmal headache, not often, however, preceded by ocular spectra. In several recent cases of unusually severe migraine, Dr. Hughlings Jackson has found that the families of the sufferers have been subject to rheumatic fever. In patients recently admitted into the London Hospital for rheumatic fever a fair proportion have been subject to headache, but the facts gathered from the few patients as yet interrogated are vague and inconclusive.

During a period of rather more than a year Mr. G. E. Herman worked with Dr. Hughlings Jackson on the clinical history of chorea. Notes of seventy-six cases were taken. As regards headache, it appears that fifty-three of the patients suffered from paroxysmal headaches. In four, information about headache could not be, or was not, obtained. Out of the fifty-three headaches, thirty-one were constantly attended with nausea or vomiting. In fourteen there were ocular phenomena—temporary amblyopia or spectra. In eleven there was giddiness.—*Lancet*, July 10, 1875.—*Med. News and Library*.

**ATROPIA IN OPIUM POISONING.**—In a report of the Chinese Hospital at Shanghai, recently published, we find that the medical officer of the institution, Dr. Johnston, speaks almost rapturously of the value of the subcutaneous injection of atropine in opium poisoning. During the last ten years upwards of five hundred such cases of poisoning (nearly all suicidal) have come under his own observation, sixty-two having been recorded last year. Many of the most desperate cases rallied and recovered under the treatment advocated. The loss of life annually in China from abuse of the drug must be appalling. Opium smokers to the number of three hundred and sixty were treated in the hospital in 1874, but the experience and results obtained were not encouraging, and Dr. Johnston expresses his opinion that it is a hopeless task to reclaim the confirmed opium smoker.—*Ibid*.

**TREATMENT FOR HYSTERICAL ATTACKS.**—According to M. Charcot, who has lauded this method very highly, compression made with the hands over the abdominal region corresponding to the ovaries, will almost instantly arrest the most violent attack of hysteria.

In this regard, Dr. Caffé reports, in his journal, the following interesting facts:

More than thirty-five years have passed since I witnessed, with Prof. Chomel, a most violent attack of hysteria in a young woman of high social position, thwarted in her marriage projects. The very learned clinician (who was at the same time the family physician) immediately advised me to make compression with both hands in the iliac fossæ of the patient. The attack promptly subsided through the compression of the aura hysterica.—*La Tribune Medicale*.—*Lancet and Observer*.

**A NEW SALVE FOR THE ITCH.**—R Styraz: flor. sulphur; cret. præpar. aa 16 grms.; \* green soap; † axung aa 32 grms. M.

This ointment is of a greenish-yellow color, of good consistence, and of an agreeable odor. The patient applies the ointment at night before going to bed, taking good care to rub it in thoroughly over those parts where the acari are usually found. These inunctions are repeated for two consecutive days; the patient can go about his business through the day; at the end of three days the patient takes a full bath. For infants at the breast, an equal part of simple cerate is added to the ointment.—Dr. Weinberg, in *Wiener-Medic. Wochenschr.*—*Lancet and Observer*.

**A HINT IN GIVING IODIDE OF POTASSIUM.**—A useful hint is revived in the *British Medical Journal* by Mr. Joseph P. McSweeney. He says: "Sir James Paget was the first to call the attention of the medical profession to the following interesting fact, namely, that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way."—*Chem. Gazette*.

**METHODS OF OPERATING IN ANAL FISTULA.**—M. Jules Felix, of Brussels, employs a ligature of stout English silk, one end of which is passed through the anal opening. The ligature is then moved backward and forward with a see-saw motion, cutting its way rapidly through the intervening tissues until a complete section is made, as with the écraseur, without the loss of a drop of blood.

\* 1 gramme equals 15½ grs.  
† Soft soap of the druggist.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., { Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - October, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDER, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### OUR MEDICAL CHARITIES.

The present Board of Health, immediately upon organization, was presented with several important questions for consideration which its predecessor had either partially or entirely failed to settle in a definite and satisfactory manner. Two of the most pressing problems were in regard to the proper conduct of the City Hospital, and as to the advisability of some change in the dispensing of out-door relief for the sick poor. It had been thought necessary by the previous board, for the better management of the City Hospital, and in conformity with the prevailing custom in other cities, to abolish the office of Resident Physician and to vest the medical control in the hands of a body of *internes*, acting under the counsel of a selected corps of consulting physicians and surgeons. The board, however, in obedience to the clamors of the secular press, was forced, in some measure, to rescind its action by appointing an acting medical officer, but left to its successor the permanent reestablishment of the old regime.

The theory of the plan of organization, as above outlined, seems to us most plausible, and elsewhere\* we have called attention to the manifold advantages of the system as then adopted. We may be pardoned for again presenting some of the more obvious advantageous features of this method. It is to classify the patients according to their diseases, each class constituting a department, over which there is placed a resident and visiting physician. The visiting physician visits his ward or wards

every day, examines, prescribes and operates. The resident is in the hospital all the time to carry out the instructions of his superior, attend in cases of emergency, etc. The visiting physician is selected for a special department, because of his superior knowledge and experience in the treatment of the kind of disease assigned to it. His colleague (for there are two visiting physicians for each specialty) is his rival, and besides this, during ten months in the year he must prescribe in the presence of an audience of students and medical men. By such an arrangement a generous emulation is created and a most laudable ambition stimulated and kept alive. Nor is there any conflict of authority anywhere. If a patient is afflicted with two diseases, as soon as he is relieved of one (the more important), he is immediately transferred to the appropriate department for his other malady, being discharged from this he is discharged from the hospital.

The Steward, as is right and proper, has control of the entire domestic affairs of the institution.

The profession of medicine has grown to be a domain too vast to be administered by a single man. It is safe to say that a man who now practices surgery, "general practice," obstetrics, gynecology, ophthalmology, otology, &c., &c., is proficient in none of them, or at least, in not more than one of them. And this being the case, no one would contend that he can do justice to four hundred patients, prescribing properly for each and every one of them daily. He must call to his aid a "consulting physician" for the difficult cases. Then why not give this consulting physician entire control of the class of cases which he is specially qualified and anxious to treat?

And again, this plan is not a "new departure," but has been in successful operation for years in New York, Philadelphia, Boston, New Orleans, Chicago and Cincinnati, and these cities have only copied from the Metropolitan Hospitals of the old world.

It is objected that there is no responsible head, which objection is not founded in fact.

We have just said that the steward, (who should be a responsible man) is responsible for the domestic machinery, and each physician is responsible for the right conduct of his own department, and every one of the physicians who are members of the visiting corps should

\* RECORD, June, 1874.

be responsible men, professionally and otherwise.

It must be confessed, by every one who has taken occasion to investigate the subject, that our hospital was never in better condition than when under the operation of this plan, whether we consider it in relation to its domestic economy, in the skilled treatment obtained by its inmates, or in the superior facilities thus attainable for the better dissemination of scientific culture.

Popular prejudice had the effect of causing the preceding Board of Health to halt in a good work, and the present one appears equally submissive to the vulgar outcry; and this, too, in the face of the matured experience of the medical world.

In regard to the City Dispensary problem, no one can believe for a moment that it has met its proper solution. The Health Board is, at present, using every possible means to insure the greatest degree of efficiency in this department, and, at the same time, to curtail expense, by the most rigorous measures to prevent imposture. But these same stringent rules have been enforced time and again in the history of the dispensary, and always with little or no real benefit. The present dispensary system is a sheer absurdity, and has long since outgrown its usefulness. A more thorough and systematic method of out-door relief is needed, and we feel confident that a more feasible plan, involving less expense and giving better results could be furnished. H.

WE occasionally hear it charged by persons either inimical to the CLINICAL RECORD or envious of its unprecedented success, that this journal is the organ of an especial medical clique in this city. Whatever of affiliation, if any, we might have indulged in the past, we wish it distinctly and finally understood, that the ST. LOUIS CLINICAL RECORD is, and will continue to be, the representative of the whole profession, regardless of partizan lines and divisions. Possibly this emphatic statement may be uncalled for, as we know that these insinuations are not shared by the profession at large, because if it were otherwise, we could not claim a larger city circulation than any other medical journal issued here, which, at the same time is a gratifying evidence of the appreciation of our journalistic endeavors.

WE are sorry to learn that the spirit which actuated us in the publication of an article entitled "De Moribus Germanorum," has been misconstrued by some of our German professional brethren. The article mentioned appeared in the April number of the RECORD, and was a translation from one of our French exchanges. The views contained in the translated paper, were certainly not very complimentary to German morality, but we printed it merely as a matter of medical news, without giving it our endorsement in one way or another, just as we would have published similar strictures upon the moral condition of New York, or St. Louis, or Chicago, leaving it to the parties most interested to disprove the statements, if they should think it worth their while. We assuredly meant no disrespect to our German confreres.

WE regret to state, and our readers will doubtless share the feeling, that Dr. M. M. Pallen, owing to a recent indisposition, is obliged to desist from further literary labor for the present; but his very valuable papers will be continued at the very earliest possible moment.

WE have delayed the appearance of several communications this month, in order to local afford space for various matters of considerable interest.

## Book Notices and Reviews.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM. BY JEROME K. BAUDUY, M. D., Professor of Psychological Medicine and Diseases of the Nervous System, and of Medical Jurisprudence, in the Missouri Medical College; Physician to St. Vincent Institution for the Insane, etc. Reported by V. BIART, M. D., revised and edited by the Author, pp. 484. Philadelphia: J. B. Lippincott & Co. 1876.

It is with pleasure that we acknowledge the receipt of advance sheets of Prof. Bauduy's valuable work. It has been anxiously expected by the large number of personal friends and old students who have been so fortunate as to listen to his teachings for many years. These lectures which have been heretofore confined to a limited auditory are now submitted to the judgment of the profession at large. After a careful perusal of the entire volume and a reperusal of many portions, we can cordially

say that the promise contained in the preface is honestly made good, and that a book is presented to the professional reader which it will profit him to read and ponder well.

The author says in his preface: "It is particularly designed for students and practitioners who have neither the time nor the opportunity for recourse to numerous authorities,—the aim being to present a thorough digest of the extensive field of medical literature on the subject of nervous diseases, and at the same time, so far as is consistent with a true portraiture of the maladies delineated and a clear idea of their characteristic features, to avoid diffuseness of detail and of description."

The volume is gracefully dedicated "to L. Ch. Boislanière, M. D., Professor of Midwifery in the St. Louis Medical College," with a well deserved tribute to the christian, professional and truly unselfish character of that true friend of the young men of the medical profession which has so endeared him to the hearts of his professional brethren.

The work is divided into forty chapters, six of which are devoted to the consideration of insanity, three to epilepsy and its medico-legal relations, seven to the different forms of paralysis, three to alcoholism, and the remainder to other legitimate divisions of nervous diseases. We note the omission of catalepsy, ecstasy, hydrophobia, and tetanus from the list of subjects treated of, but the presence of the admirable chapters on alcoholism and syphilitic affections of the nervous system more than compensates for the practically unimportant omissions.

Knowing Prof. Bauduy's very large experience with cases of insanity, epilepsy and alcoholism, we naturally turn to the chapters treating of these subjects for the authoritative expression of his views.

We do not expect to find a thorough and exhaustive treatise on the diseases of the mind within the compass of six chapters, in this or any other book. What Prof. Bauduy has aimed at doing he has done; he has given an epitome of the subject which will be of incalculable value to the ordinary practitioner, who cannot be expected to labor through the vast collection of papers, monographs and ponderous tomes which constitute the literature of the subject. Although he cannot attain an exhaustive knowledge of the subject from a perusal of these six lectures in Prof. Bauduy's book, yet, by careful study of these pages, he may attain that degree of knowledge upon the subject which will enable him to recognize the different forms of mental alienation and conduct himself with credit when called before the legal tribunals to give evidence in a case of alleged insanity.

In the diagnosis of lunacy he enjoins the greatest caution and circumspection in arriving at a conclusion. He says: "One general rule

I can give you in this regard; and that is, always avoid rash and hasty action; never hurry in your decisions, but study the history of the patient, his idiosyncracies, and in particular any change in character—an important matter, to which I have alluded again and again throughout my lectures upon insanity. This departure from one's normal self is manifested by certain actions or feelings which never before existed."

Upon the important subject of moral or emotional insanity, our author is in accord with the latest and best authorities, he writes:

"I must say that I never accept the theory of moral insanity without certain corroborative antecedents of some other form of insanity—some evidence of the insane temperament, or at least of a strong taint of insanity in the ancestry, whilst I also seek other important links in the history when obtainable. A change in the individual's self is a most important symptomatic indication, without which as a basis no case can possibly rest."

It is evident that the morally depraved need expect no aid or comfort from Prof. Bauduy.

*Mania transitoria* he accepts as a pathological entity, but not as many apologists for crime have accepted it. As he absolutely rejects the common explanation of many phenomena by transitory cerebral congestion (except from mechanical causes), so he rejects *mania transitoria* as a phase of ordinary insanity, but admits, or rather asserts, and proves the existence of maniacal fury of *epileptic* origin. Of course, the key to the pathological interpretation is to be found in the *unconsciousness* of the epileptic maniac and the proof of other attacks of epileptic character either preceding or following the seizure in question. The mere fact of the performance of an act of violence is no proof of insanity.

The proper disposal of a lunatic who has once committed a homicidal act is a question which has been the theme of many essays and of many learned discussions. Our author meets this issue boldly and gives his opinion freely. His conclusions are so just, so in accordance with enlightened public sentiment that we shall reproduce them in full.

"In conclusion, regarding the disposal of cases of this character—of persons acquitted of crime on the ground of insanity, whether of epileptic origin or not—I would state that while I would extenuate his faults and seek to measure the full allowance of justice and of mercy to the prisoner, I would not forget what is due to the community at large. The homicidal lunatic should not be liberated upon an outraged community, seeking its own self-preservation and asserting its claims to see the laws executed, which alone can protect life, secure property, and preserve the rights and liberties of individuals. On the contrary, I maintain that when an individual's life has been saved by

the plea of insanity, his sentence should be confinement in an insane asylum for life, where his dangerous and destructive propensities can be held in check and the public be made secure from alarm or injury. It matters not that he may be sane when acquitted; and that 'a sane man should not be incarcerated in a lunatic asylum;' '*aux grands maux les grands remèdes*;' and no person who has been proved liable to explosive fits of insanity should be allowed his liberty because of an apparent convalescence, the continuance of which no expert, no matter how great his attainments and experience may be, can guarantee to the public. Nor, on the other hand, is it just or humane that he should lose his life because, although not responsible for a homicide actually committed, he might repeat its perpetration."

In reference to the pathology of insanity he quotes with manifest approval the views of Gray of Utica, that in insanity lesions will *always* be discovered in the cerebral structures if they are minutely examined, and that there is no such thing as "functional disease" of the brain in insanity.

The chapters on Alcoholism are probably the most valuable in the book. The views of Anstie are sustained and confirmed in the strongest possible manner by the results of the author's experience which has been so great and has extended over so many years, that he is entitled to speak *ex cathedra* upon this subject. His views on the subject of treatment of alcoholism are well defined, and are stated with the utmost possible distinctness. These views are, in brief: Give no opium, give no alcohol (except in typhoid cases); but give nourishment, first, last, and all the time. Physicians who still give morphia and whiskey to their cases of *mania à potu* should read these chapters attentively, and benefit themselves as well as save the lives of many of their delirium tremens cases by heeding the arguments and following out the plan of treatment recommended.

The chapter on Syphilitic Nervous Affections will be a surprise to many who have not been able to follow the developments of the subject during the last three years. The records of the interesting observations of Broadbent, Batty Tuke and Buzzard are here collected with some original cases from the author's own practice. No general treatise on nervous affections, American or foreign, contains a chapter upon the affections in question.

In the lecture upon convulsions attention is drawn to the fact that in children fright enters more often into the causation of convulsive phenomena than is generally known. Although this had been noted heretofore, still we believe that it has been too much overlooked by the vast majority of physicians. The influence upon the impressible mind of childhood of terrible stories of murder, ghosts and hobgoblins

has not been sufficiently appreciated by parents or practitioners.

We had marked many other points for notice but find our limits too narrow to consider them but in part.

To sum up our conclusions: It is well written; the style is pleasing and characteristic of the author. In every part it bears evidence of honest conviction. If the prognosis and results of treatment of many of the affections described are not very hopeful, it is because of the redoubtable character of the diseases themselves, not because all the resources of modern medical science have not been made use of for their relief. Failure to relieve a case is related with as much frankness as where the physician's efforts have been crowned with success. The etiology and prophylaxis of disease are considered of greater practical value than the means of cure. Undue confidence in the efficacy of drugs *per se* is discouraged. The book is essentially practical. It is what is needed by the student and practitioner; it deals less with theories than with facts. If it finds its way into the hands of every practitioner in the land and its lessons are well learned, much good will be accomplished.

We understand that in a few days it may be found upon our booksellers' shelves. It is presented in the excellent style which characterizes whatever leaves the press of the eminent Philadelphia firm who have the good fortune to offer the book to the public. The type and paper are all that could be desired.

We predict for this work the greatest success of the season. Its points of merit are so numerous and its defects so few that it cannot fail of general recognition as *the* book of the year. W. B. H.

#### EIGHTH ANNUAL REPORT OF THE BOARD OF HEALTH OF THE CITY OF ST. LOUIS. St. Louis: Woodward, Tiernan & Hale, 1875.

The Eighth Annual Report of the Board of Health is one of considerable interest, and we purpose placing before our readers the various points of interest in the document, feeling that every medical man should foster a direct and lively interest in the workings of this important body. Dr. O'Brien, Clerk of the Board, calls attention to the sum of \$2,670 paid for the board and medical treatment of insane patients in the St. Vincent's Asylum, being cases transferred to that institution because of lack of room and necessary accommodation in the City Hospital. It is a matter of every day occurrence for the police to pick up from the street some idiot or insane person, and to incarcerate them in the station-house until they can be transferred to some of the city institutions, or to some private asylum. It is well known that no patient will be received into the County Asylum, without its being proved to the satisfaction of the County Court, by two

witnesses, that the applicant for admission had been a resident of this city for twelve months prior to the time he or she had become insane. It is to be hoped that the city, at no distant day, will provide a well-appointed hospital for the exclusive use of this numerous and troublesome class of cases.

The report of the Health Officer, Dr. Schenck, is one of the most carefully collated statistical statements that we have yet seen, and reflects great credit upon that gentleman's conscientious industry. He has introduced a much more accurate classification of diseases than the indifferent systems heretofore employed, following the nomenclature as established by the Royal College of London. A very interesting table, showing the per cent. of infant mortality—children under five years of age—in the months of July and August for eight years, we will present it entire:

TABLE.

Month.	Year.	Total Deaths.	Under 5 Years.	Per ct.
July.....	1867	570	334	58.59
August.....	1867	1,002	553	55.18
July.....	1868	871	524	60.01
August.....	1868	514	415	80.73
July.....	1869	833	631	75.75
August.....	1869	686	431	62.82
July.....	1870	998	650	65.13
August.....	1870	584	344	58.90
July.....	1871	515	296	57.47
August.....	1871	507	281	55.42
July.....	1872	1,121	611	54.50
August.....	1872	1,104	580	52.53
July.....	1873	1,102	571	51.90
August.....	1873	974	501	51.43
July.....	1874	1,097	712	64.90
August.....	1874	716	423	59.07
Total.....		13,194	7,857	59.54

The former Board of Health, by one of those peculiar actions so frequently indulged in by corporate bodies, saw fit, toward the expiration of its term, to abolish the office of City Chemist, alleging economical motives for its action. The importance of the position is self-evident, and the abolition of the office was, to say the least of it, a short-sighted piece of business. The present board, however, has reestablished this necessary branch of the sanitary machinery, and is to be commended for its good judgment; but we very much regret that the former scientific and learned chemist and microscopist, Dr. Dean, was not again requested to serve. We would advise the attentive perusal of his able and suggestive report. We refer to another column for comments upon the other features of the Annual Report, viz: hospital and dispensary management.

**TAYLOR ON POISONS.** Third American, from the Third English Edition, in one handsome

8 vo. volume of about 850 pages; with numerous illustrations. Philadelphia: H. C. Lea & Co. 1875.

**SEVENTH** annual report of the New York Orthopædic Dispensary and Hospital, located at 126 East Fifty-ninth street, New York.

**TRANSACTIONS** of the Medical and Chirurgical Faculty of Maryland, at its seventy-seventh annual session. Held at Baltimore, Md., April, 1875.

**TRANSACTIONS** of the College of Physicians of Philadelphia. Third Series, Vol. I. containing the papers read before the College from April 1874 to June 1875, inclusive.

**A STATEMENT** of the relations of the faculty of medicine and surgery in the University of Michigan to Homœopathy. By Prof. A. B. Palmer. Tribune Printing Company. Detroit: 1875.

**VISION**; Its optical defects and the adaptation of spectacles. With twenty-four illustrations on wood, and selections from the test types of Jaeger and Snellen. By C. S. Fenner, M. D. Philadelphia: Lindsay & Blakiston, 1875.

**THE VEST POCKET ANATOMIST**, (founded upon "Gray") by C. Henri Leonard, A. M., M. D. Multum in Parvo series, enlarged edition. Detroit: Post Book and Job Printing Establishment, 1875. For sale by Gray, Baker & Co., St. Louis.

**THE MULTUM IN PARVO REFERENCE AND DOSE BOOK.**—By C. Henri Leonard, M. A., M. D. Second edition, revised and enlarged. Fifth thousand. Detroit: Post Book and Job Printing Establishment, 1875. For sale by Gray, Baker & Co., St. Louis.

**CHOLERA EPIDEMIC OF 1873 IN THE UNITED STATES.** The introduction of epidemic cholera through the agency of the mercantile marine; suggestion of measures of prevention. By John M. Woodworth, M. D., Supervising Surgeon U. S. (Merchant) Marine Hospital Service. Washington: Government Printing Office. 1875.

## Miscellaneous Notes.

**DR. JOHN T. LUCK** is no longer authorized to solicit or collect subscriptions for the CLINICAL RECORD.

**A GERMAN** butcher has been condemned to two years imprisonment for selling trichinised meat, by the eating of which four hundred persons were made ill, and more than fifty died.

**THE INFLUENCE OF ARCTIC COLD ON MAN.**—Lieut. Payer, the Austrian explorer, has been laying some of the results of his explorations before the Geographical Society of Vienna.

Referring to the influence of extreme cold on the human organism, he related that on March 14, 1874, he and his companions made a sledge journey over the Samiklar glacier, in order to make observations of Francis Joseph Land. On that day the cold marked forty degrees (Reaumur) below zero. Notwithstanding this intense cold, M. Payer and a Tyrolese went out before sunrise to make observations and sketch. The sunrise was magnificent; the sun seemed surrounded, as it does at a high degree of cold, by small suns, and its light appeared more dazzling from the contrast with the extreme cold. The travellers were obliged to pour rum down their throats so as not to touch the edge of the metal cups, which would have been as dangerous as if they had been red-hot; but the rum had lost all its strength and its liquidity, and was as flat and thick as oil. It was impossible to smoke either cigars, or tobacco in short pipes, for very soon nothing but a piece of ice remained in the mouth. The metal of the instrument was just like red-hot iron to the touch, as were some locketts, which some of the travellers romantically, but imprudently, continued to wear next the skin. M. Payer says that so great an amount of cold paralyses the will, and that, under its influence men, from the unsteadiness of their gait, their stammering talk and the slowness of their mental operations, seem as if they were intoxicated. Another effect of cold is a tormenting thirst, which is due to the evaporation of the moisture of the body. It is unwholesome to use snow to quench the thirst, as it brings on inflammations of the throat, palate and tongue. Besides, enough can never be taken to quench the thirst; as a temperature of 30° to 40° below zero makes it taste like molten metal. Snow-eaters in the North are considered as feeble and effeminate, in the same way as an opium-eater in the East. The groups of travellers who traversed the snow fields were surrounded by thick vapors formed by the emanations from their bodies, which became condensed notwithstanding the furs in which the travellers were enveloped. These vapors fell to the ground with a slight noise, frozen into the form of small crystals, and rendered the atmosphere thick, impenetrable, and dark. Notwithstanding the humidity of the air, a disagreeable sensation of dryness was felt. Every sound diffused itself to a very long distance; an ordinary conversation could be heard at a hundred paces off, whilst the report of guns from the top of high mountains could scarcely be heard. M. Payer explains this phenomenon by the large quantity of moisture in the Arctic atmosphere. Meat could be chopped and mercury used in the shape of balls. Both smell and taste become greatly enfeebled in these latitudes, strength gives way under the paralyzing influence of the cold, the eyes involuntarily close and become frozen.

When locomotion stops, the sole of the foot becomes insensible. It is somewhat curious that the beard does not freeze, but this is explained from the air expired falling immediately into snow. The cold causes dark beards to become lighter; the secretion of the eyes and nose always increases, whilst the formation of perspiration altogether ceases. The only possible protection against the cold is to be very warmly clothed, and to endeavor as much as possible to prevent the condensation of the atmosphere, whilst the much vaunted plans of anointing and blackening the body are pronounced to have no real value.—*London Med. Record*, July 15, 1875.—*Medical News and Library*.

**MULTUM IN PARVO.**—Dr. C. N. Peirce, (*Dental Cosmos*), in a paper on the lower forms of life found within the oral cavity, says:

I cannot close this essay without some allusion to the difficulty experienced in properly estimating the microscopical examination of much that is taken from the oral cavity, and how easily an observer may be deceived, providing he is not familiar with the appearance of foreign substances which, from locality and surroundings, are constantly liable to find a lodgment therein. To illustrate, I will enumerate what was found in a mass of material—certainly not greater in bulk than the one-fourth of a grain of wheat—taken from the mouth of a hospital patient. With this débris was mixed distilled water, in order to facilitate its examination. When placed in position, the lens revealed leptothrix fibers, both long and short, and varying in thickness as well as length; bacteria, vibrios, and monads not a few; paramecia not so many, but yet in numbers sufficient to make their presence undoubted; pus-corpuscles in abundance, from exudations from the gum around the necks of the teeth; cryptococcus cerevisiæ from fermentations of food; stellate hairs of the ivy leaf from a vine near the window of his room had also found a lodgment; fibres of wool from the blanket, with their cortical cells giving them their peculiar barbed appearance; fibers of cotton from the pillows and sheets, with their flat, band-like appearance and thickened borders; while the linen kerchief, in its comfort to the owner, had also given its peculiarly rounded woody fiber, with tapering ends and pits in the walls; while the epithelium scales which had served their purpose were not a few; and last, but not least, were the granules of starch from a repast not long in advance of us.

Such were the contents of a speck of material not probably the 1-500 part of what remained in the mouth; and to examine it understandingly, recognizing its heterogeneity, and placing each item of this differentiated material where it belonged, was to the inexperienced microscopist a work of hours.



## St. Louis Clinical Record.

VOL. II. NOVEMBER, 1875. NO. 8.

## Original Communications.

*HEMORRHAGE DURING AND AFTER  
UTERO-GESTATION.*

BY M. M. PALLEN, M. D., ST. LOUIS.

## NUMBER III.

The views of Dr. Barnes, quoted in my last communication, are based on true physiological principles, and ought to be well understood. In Germany, several physicians have contended for priority in such views, but there can be no doubt that Dr. Barnes has the honor of the priority, and the desire to deprive him of the honor shows the value of them. However, there is one case on record which shows that a divided portion of it may be given to a physician of St. Louis, Dr. R. E. Bland, now deceased. For this fact I am indebted to a paper read before the New York County Medical Society, June 18, 1875, by Montrose A. Pallen, Professor of Gynecology in the medical department of the University of New York. Dr. Pallen says, "the procedure was practiced in 1846 and promulgated in 1847 in the *Missouri Medical and Surgical Journal*."

The case was one of almost complete placenta prævia in which a large quantity of blood was lost, but the hemorrhage was controlled by the pressure of his hand within upon the parieties of the uterus. "Effective labor pains," says Dr. Bland, "having now almost entirely ceased, and discovering that whenever the hand was withdrawn the hemorrhage returned with increased violence, I determined to turn and deliver by the feet." In order to accomplish this manœuvre, he first detached the adherent portion of the placenta, about the middle, the result of which, he continues to say, to my gratification and astonishment was the entire cessation of hemorrhage and consequent danger. I now pushed the part of the placenta that obstructed the progress of the head to the left side, and held it there with my fingers, to prevent its descent before the head. I paused a few moments to consider the course

to be pursued. In the short time allowed for thought, I determined to prevent, if possible, the descent of the placenta before the head, and to sustain it until effective pains could be excited. To accomplish this, I gave thirty grains of ergot. In fifteen or twenty minutes I discovered considerable uterine action, which increased steadily, resulting in about half an hour in the birth of the child alive and vigorous. The hemorrhage came from the bleeding mouths of the uterine vessels—not from the placenta."

Dr. Barnes first called the attention of the profession to his views in several numbers of the London *Lancet*, in 1847; then more extensively elaborated the subject in the Lettsonian Lectures in 1857, and finally perfected his views in 1870 and incorporated them in his work on obstetric operations.

From all the facts before me, I advise that the operations recommended by Dr. Barnes be adopted. When we have passed the pole of dangerous attachment, in all likelihood, the patient will be saved.

If the placenta be partial prævia, that is to say, it is latero-cervical, and there is not much loss of blood, but a continued loss or drainage, it is better to rupture the membrane according to the advice of Rigby. The rupture of the membranes will, in all probability, produce increased contraction of the womb, and the child will be more speedily delivered. I have performed this operation several times, and always to my satisfaction.

I now pass on to the treatment of hemorrhage after the delivery of the child, and before the delivery of the placenta. Usually after the delivery of the child, every one in the house, parents, husband and nurse, are rejoiced and believe all danger is over, and their anxiety then ceases—mine begins. The safe delivery of the secundines must be managed according to certain rules, now well taught by all good teachers. I have seen many alarming cases of hemorrhage after the delivery of the child, and before the placenta. But I may be permitted to add, I never lost but one case, and that was my fault—my fault it was, because I listened to others when I knew better and taught the very contrary of the practice adopted.

The lady was the wife of a prominent merchant in St. Louis; after the delivery of the

child, who is now a prominent man in St. Louis, the placenta was retained, whether by irregular contraction of the womb, or because it was adherent, I do not know. I was young then, and had been lecturing about three sessions on midwifery in the St. Louis Medical College. Owing to the fact that it was retained, I asked for a consultation. An old gentleman, now dead, who had some reputation, was called in. He advised me to wait for the efforts of nature. This was in the morning, and he said he would see her in the afternoon again. About sunset I called for him, and we visited the lady, and the advice was to wait until the morning. I felt uneasy, and went for a friend and colleague of mine, also now deceased, and he advised to wait, but promised to meet me there at 9 o'clock a. m. the next day. When we arrived the old gentleman was there endeavoring to get away the placenta. I ought to say that the lady lived only two houses east of mine. During the night an intelligent and well instructed nurse was with her, and she said she would come for me if anything out of the way occurred. When my colleague and I came in, he readily gave way, as he said he had another engagement. My colleague then endeavored to remove the placenta. It was too late. The lady fainted, and died from internal hemorrhage. From that day to this I have never called in any consultation in any case of midwifery. Wearied and fatigued, I have requested some one else to assist me; but nothing more. I have adopted the maxim of David Crockett, "Be sure you are right and then go ahead."

After the birth of the child and before the delivery of the placenta, hemorrhage may occur in three forms, in such large quantities as to run from the bed down upon the floor, or it may make a little pool of blood in the bed, or it may occur as internal hemorrhage. To this latter let me call the attention of the inexperienced. The female becomes pale; the skin cold and clammy; the pulse frequent and feeble; on examining the abdomen it is large and the womb not contracted, not hard, and about the size of the fetal head; pressing on it, there will be a gush of blood from the vagina.

Suppose there is hemorrhage before the delivery of the placenta, what is the rule of action? Very easily expressed. Empty the

womb at once and secure its contraction. If the hemorrhage be not very alarming, use frictions over the womb, or take towels saturated with cold water and dash them on the abdomen, one after another, rapidly. If this does not succeed, take a pitcher of water and pour the contents from an elevation of about three feet on the abdomen. This is a kind of rough baptism, and the uterus, to escape it, will creep into the pelvis, and by its contractions expel the placenta.

But if this do not succeed, or if the hemorrhage is large and no time can be lost, the placenta must be delivered by passing the hand into the womb and delivering it. Where the child has just passed out, the hand can easily pass in—once in, do not withdraw the hand until you bring with it the placenta, the whole placenta, and nothing but the placenta, so help you, science. This thing of passing the hand and brawn of the arm into the womb is a fearful affair. Beware of tearing the womb; beware of lacerating the womb, for at that time it is large and thin and easily torn; but cautiously and tenderly you advance to the placenta, if merely retained, passing the stricture with care, if adherent, peeling it off, compress the womb at the bleeding vessels, thus arresting the hemorrhage by the pressure and inducing the uterus to contract and expel your hand (an unwelcome intruder) and placenta together.

The loss of blood may have been so great that an additional loss of an ounce or so may seal her fate forever. I have sat by such cases for as long as four hours, never withdrawing my hand from over the uterus, never until the skin was less pale and the pulse fuller and less frequent and the temperature of the body higher. It is well then to give ergot, precede its exhibition by a stimulant and give it in half drachm doses of the fluid extract, or in doses of five or ten grains of ergotine.

The report of several cases have been published by Dr. Shaw in the August number of this journal, of the value of electricity in such cases. The difficulty is, one may not have the battery at hand, but if one is to be obtained, send for it and try it.

But hemorrhage may occur after the safe delivery of the placenta—in two hours—after two days. What then? Towels saturated with cold water, dashed rapidly on the abdomen,

the uterine douche and Faradization, if you have the battery.

What of transfusion in such cases? Dr. Blundell was eloquent in its advocacy. Practically, I know nothing about it; its use is not by any means sustained by the profession at large. Many physicians and accoucheurs of high character oppose it for various reasons. I have not the space allotted me to quote them. The question is by no means settled, and it will take time to settle it.

Again, what of injecting a solution of the perchloride of iron or of the persulphate of iron into the uterus? Dr. Barnes and others of high authority are decidedly in favor of them. Dr. Trask\* and others are opposed to them. Dupierris, a physician of Havana, published in the *North American Review*, Jan. 1857, the successful issue, in three cases, of the tincture of iodine in checking post-partum hemorrhage. Dr. M. A. Pallen, in the paper before referred to, is in favor of trying first, the tincture of iodine, and that failing, to resort to the iron treatment.

Dr. Shaw, in the paper published in the August number of this journal, speaks favorably of the compression of the aorta as a means of controlling post partum hemorrhage. Its expediency has been acknowledged by high authority: Saxtorph, Siebold, Baudelocque, and Sentin, and others. Cazeaux advocated it strongly. Dr. M. A. Pallen says: "Unless compression of the aorta is made above the origin of the utero-ovarian arteries, hemorrhage will not be controlled; the hypogastrics, of course, can send no blood to the lower segment and cervix, but the anastomoses are so free and abundant, that the utero-ovarian vessels keep up the supply from above. The most serious objections to aortic compression consist in the inability of the accoucheur to continue the operation, unassisted and unaided, sufficiently long to be of much avail, and in women of much adipose tissue in the abdominal walls, the procedure is hardly practicable. That it may be a precious resource no one will deny, and it might be tried in conjunction with other methods."

CUMBERLAND, Md., has a centenarian, in the person of Miss Nancy Valentine, who attained her hundredth year in August last.

\* Prize Essay, &c., Transaction of the American Medical Association, 1856.

## MODERN MIRACLES—A PSYCHOLOGICAL STUDY.

BY WM. B. HAZARD, M. D. BELLEVUE.

### NUMBER I.

We have never been accused of being overcredulous, but rather of undue scepticism, so the result of our investigations about to be detailed may possess a certain interest for those interested in subjects usually relegated to the quack and pretender, or at least considered as lying upon the border land between science and mysticism.

We recently spent a few hours in company with a so-called "faith doctor"—one who is said to have performed many wondrous cures by "laying on of hands." His statements were given with every appearance of candor and I have the testimony of witnesses of unimpeachable veracity vouching for his reputation for truthfulness in all the ordinary affairs of life.

This worker of miraculous cures is about fifty years of age, of stout build, ruddy countenance and a facial expression which is a guarantee of truth, good-nature, and absence of everything included under the slang expressions "claptrap and humbug."

He is a mechanic by trade and has never practiced his "art of healing" for any remuneration until within the last two years. He makes no pretensions to any knowledge of anatomy, physiology, or other of the medical sciences.

He never promises a cure in any given case, and says he always doubts his ability to even improve to any degree any case which comes under his hands. In at least one half of his cases he says freely no improvement takes place. He could remember no case of hemiplegia where the cure had been complete; many have been markedly improved, but some paralysis has always remained.

In several cases of paraplegia the cure has been rapid and complete. The same is said of many cases of local palsies, hip-joint disease and spinal affections. Many patients affected with chronic rheumatism, infantile paralysis and general debility have made surprisingly rapid recovery under his ministrations.

He is not a spiritualist, and claims no supernatural power whatever.

His *modus operandi* is as follows: Seated in front of his patient he grasps either hand of the subject in his own, the ends of his (the operator's) fingers being in the center of the subject's hand, the thumb and thenar eminence being firmly grasped; he gazes intently into the subject's eyes for about five minutes, then releases his grasp and makes several light "passes" over the affected parts, speaks sharply to his patient, commanding some movement, and the seance is over.

The "miracle worker" offers no explanation, no theory whatever to account for the results which follow his manipulations. He apparently considers them inexplicable; they are so from his stand-point.

No one acknowledges with more freedom and candor that there are limits to philosophic inquiry than does the scientist; where these limits or bounds to the efforts of the investigator are placed can only be ascertained by pushing our researches to the utmost possible extent, and we should acknowledge the bound, "thus far and no farther," when we find our labors to be fruitless and our strength exhausted. This limit to our achievements can be found by no *à priori* reasoning, it must be ascertained by experience, the test of the truth of any and all propositions.

We purpose to offer an explanation of the phenomena described; it may not be the true one, but it may prove a stepping-stone to truth.

We shall first consider the character of the cases which have recovered or have been improved through the process described above.

As near as could be learned, at least one half of the so-called cures were effected in cases of hysterical paralysis or contracture. We all know the astonishing influence of the imagination upon these cases. *How it acts we shall discuss further on.*

Another class of cases occurred in organic brain-disease where some of the changes which manifested themselves by paralysis were of such a nature as to be incurable. The improvement which took place in these cases is susceptible of explanation in a similar way.

A third class of cases were those of curable disease of indefinite duration; those in which recovery may take place at any time. A concentration of attention upon the part affected may have occasioned the initiation of changes tending to the restoration of health in some

cases; in others the advent of the visit of the "faith doctor" and of recovery was simultaneous, in other words, some of these cures may be classed under the head of coincidences, pure and simple.

A fourth class includes cases of loss of function following long disuse of a joint, muscle or limb.

What follows is simply a paraphrase of some of the views of Herbert Spencer, Darwin and Maudsley. We claim no originality for anything but the *application* of these views to the phenomena in question.

Force is conducted along the line of least resistance. Nerve force is simply a form or modification of ordinary physical energy, convertible into the other forms of force in equal quantity. Now, whether this nervous energy shall be discharged along one line or path rather than along another depends upon habit to a great extent. By habit in this connection is meant that force has passed over a certain line or path a greater or less number of times. The oftener force has passed over the same pathway the less resistance will a new afflux of energy find to overcome, hence the more certain it will be to traverse the same line.

In hysterical paralysis and contracture the nervous energy is either not generated in sufficient quantity, or it takes abnormal paths to discharge itself. These abnormal paths being determined by certain centers generating an unusual amount of energy and discharging itself along lines of conduction which normally convey a far smaller amount; subordinate lines thus, so to speak, being converted into main lines. After this process has continued a certain time the normal functions are in abeyance because of the abnormal habit thus established, and the ordinary state of affairs can be restored only by a systematic training, a forcing of nervous impulse into its normal or ordinary pathway, say, by gymnastic exercise of the affected limb or muscle, by passive movements, or by the judicious application of electricity; or, on the other hand, the same thing may be accomplished by a concentration of the attention, a voluntary effort to send the nervous afflux over these same lines, obstructed by disease; an exclusion of this force from the new channels which it had formed for itself under abnormal conditions. This concentration of the attention is most easily effected through the

agency of new emotions, especially those of wonder and expectancy.

That which is mysterious, the novel and the unknown have a powerful attraction for the emotional victims of hysteria. We all feel the influence of this attraction; we feel it all the more when debilitated.

After a brain lesion entailing paralysis, let us say hemiplegia for instance, if the patient survive a number of years, some restoration of the functions of the paralyzed side generally takes place. In the vast majority of cases complete restoration is a physical impossibility, for more or less of the central gray matter or of the conducting fibres are destroyed and not regenerated. In a large proportion of cases the amount of restoration of motor function is far less than the actual condition of the damaged nervous system would allow. This may be accounted for by the habitual disuse of the paralyzed muscles. Let the proper amount of nervous energy be invited to make use of these disused routes (the nerve fibres leading from the motor centers to the muscle) and restoration of function to a remarkable degree will follow in many apparently hopeless cases. The skillful electrician and the "faith doctor" have here a wide field.

The third class of cases demand no further attention. They are to be found among the examples of the successful practice of quacks and imposters of all grades, the clairvoyant, the patent-medicine man, the homœopathist, and the blind believer in the effects of inert drugs in our own ranks.

The fourth class, furnishes the stock in trade of the ignorant "bone-setter," the "healer by laying-on-of-hands," *et id genus omne*. Sir Benjamin Brodie and Sir James Paget have fully treated of this class. We shall merely say, that after acute inflammations affecting joints have subsided, there often remains a certain stiffness about the articulation from the presence of new deposits as well as from disuse, which forcible flexion and extension often remove without lighting up anew the old pathological processes. Sometimes the remembrance of the pain produced by movement during the active stage of the inflammation, is sufficient to restrain the movements of the old-time sufferer from rheumatism and traumatic arthritis even after the return of a

joint to its normal condition. When the bold manipulation has demonstrated that all fear of a return of pain is groundless, the patient loses his timidity and is cured. A curious circumstance connected with this sort of practice is this: we never hear of the cases which have been aggravated by the quack's procedures—only of his remarkable successes.

There is one more thing to be considered before concluding, and this alone, if fully considered, would be subject matter for more than one article. We refer to the *reserve force* possessed by all organized beings. After doing our utmost in the way of physical exertion, we are still capable of doing much more if the course of events be such as to call forth our residual force. The tired soldier, after a long march, may feel that his energies are all expended, let the enemy make an unexpected attack, and our fatigued veteran may perform prodigies of valor without appreciating his exhaustion. So it is in the hysterical woman, the chronic rheumatic or the hemiplegic patient. Let the house take fire, let his favorite child be in imminent danger, or any other pressing emergency arise; let a sufficient motive to action present itself, and the bed or crutches are forgotten and a recovery, partial or complete, will result.

Let the scientific physician study the matter well and no longer permit the ignorant charlatan and pretender continue to utilize the vast forces of the imagination to throw obloquy upon the endeavors of the honest practitioners of our noble art.

3117 Clark Ave., St. Louis.

(To be continued next month.)

#### LOCALITY AND AGE IN THE DIAGNOSIS OF SKIN DISEASES.

BY W. A. HARDAWAY, M. D.,  
Formerly Lecturer on Dermatology, Missouri Medical College.

It has frequently occurred to me, that the diagnosis of skin diseases would be very much simplified to the general practitioner, if more regard were had in the text books to the especial elective sites of various eruptions, and to the particular periods of life most prone to the one or the other cutaneous malady; and as many lesions of the skin present a striking similarity in appearance, the process of exclu-

sion founded upon a knowledge of these facts, together with some others of a more general nature, furnishes a very useful means of differentiation. I trust, therefore, that the following arrangement of facts, selected from many especial works on dermatology, will prove of service in the recognition of this class of affections.

It must be remembered that a classification of this sort, can be but of the most general character, as many skin diseases are not limited to any particular portion of the body or to any exclusive time of life; yet there are points and periods of preference sufficiently well marked to afford us much valuable information, and then, again, there are a few cutaneous maladies which are immutable in these relations. I shall first consider diseases of the skin in reference to their seat:

#### SEAT OF DISEASE.

*Scalp.*—Parasitic diseases, viz: Tinea favosa, T. tonsurans, T. kerion, T. decalvans (one form of alopecia). Alopecia, Sebaceous cysts, Eczema, Ecthyma, Impetigo, Lepra, Seborrhœa. It should be borne in mind that the parasitic diseases of the scalp have their counterpart on other portions of the body, the parasitic element being frequently conveyed from one to the other; even favus, which is generally supposed to be confined to the scalp, is often typically present in other situations. It should likewise be remembered that Alopecia, or baldness, is sometimes parasitic in origin, besides being the result of various other direct and indirect agencies—e. g., syphilis, debility from various causes, hereditary peculiarity, congenital, from old age (calvities) etc. Ecthyma of the scalp is generally syphilitic. Impetigo in this locality is most frequently of the variety known as I. contagiosa.

*Forehead.*—Lepra, Herpes zoster, Anthrax, Syphilitic papules (*corona veneris*), Syphilitic pustules, Comedones, Morphœa, Eczema, Bistre Tint in congenital syphilis, Rupia, Maculæ Syphiliticæ. Lepra, or Poriasis of the forehead is usually an extension of the disease from the scalp; pustules in this region are often due to a like cause, and the same holds true in regard to eczema. When morphœa occurs on the forehead, it takes the course of the supra-orbital nerve. The *corona veneris* is very characteristic, but it may be made up of other elementary lesions. The *bistre* tint noticed

upon the foreheads of syphilitic infants, is found also in other situations, therefore, to avoid repetition, I shall quote Trousseau on this point, as I regard the appearance as almost pathognomonic: "The bistre tint is rarely absent, though it varies in intensity, and in the time of its appearance. Sometimes it occupies nearly the whole surface of the skin, at other times it is confined to the face, certain portions of which are most apt to be affected. Its favorite seat is upon the lower portion of the forehead, the nose, the eyelids, and the most prominent portions of the cheeks."

*Ears.*—Eczema, Myringomycosis, Hydro-adenitis. Eczema of the ears occurs as either an extension of it from the head, or spontaneously. Both ears are commonly attacked, the lobes being the starting point of the eruption; thence it extends to the external auditory canal. Myringomycosis is a disease characterized by the growth of a fungus from the meatus of the ear. Hydro-adenitis is an inflammatory state of the perspiratory follicles, ending in suppuration. The suppurating follicles offer no prominent "head" or point, and there is no discharge till the swelling bursts (Fox). It is stated that they may occur anywhere on the body, except in the sole of the foot, but I have so often observed them directly behind the ear, that I have placed them under this caption.

*About the Eye.*—Rodent ulcer, Molluscum, Milium, Xanthelasma, Hordeolum. Rodent ulcer is invariably situated upon the upper two-thirds of the face near the eyelids, and its strict localization distinguishes it from lupus, syphilitic ulceration, and epithelial cancer; the former affections not being limited to the face, and the latter generally confined to the lower lip.

*Nose.*—Acne rosacea, Lupus, Tubercular syphilides, Syphilitic impetigo (around the nares), Erythema, mucous patches and superficial ulcerations of the pituitary membranes, Eczema, Rhinoscleroma.

*Lips.*—Herpes labialis, Epithelioma, Impetigo, simple and specific, Eczema, Tubercular syphilides, Anthrax, Chronic Hypertrophy.

*Tongue.*—Psoriasis, Mucous Patches, Tubercles.

*Mucous Membrane of Hard and Soft Palate.*—Herpes, Syphilitic ulcerations.

*Angles of Mouth.*—Mucous patches.

*Hairy Portions of Face.*—Sycosis, parasitica et simplex, Acne, Eczema.

*Chin.*—Acne rosacea.

*Neck.*—Anthrax, Ecthyma, Enlarged lymphatic glands. Ecthyma on the neck is usually of specific origin, although bricklayers sometimes have an ecthyma in this locality. Carbuncles are commonly situated on the back of the neck, and upon the posterior aspect generally, in elderly people.

*Chest.*—Chloasma (tinea versicolor), Ke-loid, Erythema papulatum, Strophulus. Chloasma is found on parts covered by flannel, the chest particularly, and is thus to be distinguished from syphilitic maculæ, which are more or less general.

*Under Clavicle.*—Sudamina.

*The Nipples.*—Eczema, Scabies. Scabies is frequent in this locality in women.

*Sides of Chest.*—Herpes zoster (shingles). Several cases of double herpes zoster have been reported, Kaposi and others relate cases of recurrent zona.

*Elbows and Knees.*—Psoriasis, Engorgement of epitrochlear gland. Psoriasis (lepra), while it occupies various other portions of the body, is always to be detected, during some part of its course, upon the elbows and knees. Sigmund places much stress upon the enlargement of the epitrochlear gland, situated between the biceps and triceps muscle just above the internal condyle of the humerus, in its diagnostic relation to syphilitic infection.

*Near the Wrist and Ankle Joints.*—Peliosis Rheumatica, Scabies. Peliosis Rheumatica, which I was the first to describe in the English literature of the subject,\* is characterized by œdematous swelling around the joints, and the appearance of bright red petechiæ and vibices, which afterward undergo various modifications of color. The lower extremities are more frequently involved than the upper, but I have observed the œdema and extravasations of blood in both regions. The eruption of scabies often forms a semicircle about the inner line of the wrists.

*Interdigm.*—Scabies.

*Back of Hands.*—Lichen and grocers' and bakers' itch, Erythema papulatum, Herpes iris.

*Palms of Hands and Soles of Feet.*—Erythema, Psoriasis, Pemphigus. It is a peculiar fact that the eruptions on these parts are al-

most invariably of syphilitic origin. Neumann relates a case of non-specific palmar psoriasis, and I observed a palmar psoriasis in a lady with Bell's palsy, under the care of Professor Bauduy, which we had every reason to believe was non-specific. I once had an opportunity of diagnosing a syphilitic stricture of the œsophagus in a child, from noting a palmar psoriasis in the mother; and the result of the anti-syphilitic treatment corroborated the accuracy of the opinion.

*The Penis.*—Chancres, Chancroids, Mucous Patches, Vegetations, Scabies (on the upper surface), Herpes preputialis, Molluscum.

*Scrotum.*—Eczema, Mucous Patches, Psoriasis, Molluscum, Epithelioma (in chimney sweeps), Prurigo and Pruritus, Elephantiasis.

*Fork of Thigh.*—Eczema marginatum, Erythema intertrigo (especially in children).

*About the Anus.*—Eczema, Pruritus, Vegetations, Mucous Patches. Mucous patches are very frequent around the anus in congenital syphilis.

*Anterior portion of Thigh.*—Lichen Pilaris.

*Buttocks and Feet of Children.*—Scabies.

*Foot Generally.*—Eczema, Clavus.

*Front of Leg.*—Erythema nodosum, Eczema. In old people, in this location, we are apt to find eczema rubrum.

*Bends of Joints and Armpits.*—Eczema, Mucous Patches (in congenital syphilis).

*Hair Follicles and Sebaceous Glands.*—Lichen and Pityriasis pilaris, Lichen scrofulosus and Lichen ruber.

*Umbilicus.*—Eczema, Erysipelas, Mucous Patches (in children).

*Nails.*—Psoriasis, Onychia syphilitica, Onychomycosis, Onychogryphosis.

*Abdomen.*—Typhoid and Typhus Rash, Erythema læve.

#### GENERAL CONSIDERATIONS.

The eruptions in scabies and eczema are seated upon the front parts of the arms and body; in prurigo on the outer and posterior portions of the limbs and back, and in lichen, on the inner aspect of the limbs. Some non-specific eruptions which appear on the superior portions of the body, when syphilitic in nature are situated upon the inferior extremities, viz: acne. Carbuncles are rare on the extremities. Mucous patches are seen upon the scalp in infants, but never in adults. Chancroids are infrequent upon the head; they have been ob-

\* St. Louis Medical Journal, March, 1873.

served there, however, by my friend, Dr. R. W. Taylor, of New York. The eruptions in variola and rubeola make their first appearance on the face; the scarlatinal rash comes out earliest on the neck and flexures of the joints. Scabies may be suspected at all seats of pressure around the waist, under trusses, etc. The cutaneous horns, so called, are most common on the hairy scalp, forehead and temples, more rarely on the face and extremities, least often on the body. The neck and face are mostly affected in scleroderma. Pityriasis rubra and pemphigus foliaceus spread over the whole body; likewise acute general eczema, especially in children. In typhoid fever sudamina appear on the body and extremities; in puerperal fever, on the abdomen and thighs, frequently on breast and neck; also in acute rheumatism, scarlatina and variola.

#### AGE IN RELATION TO DIAGNOSIS.

In the preceding paragraphs, the period of life during which various eruptions supervene, has been mentioned so frequently, that I shall be very brief on this point. It may be said in a general way that the infant and the adult are subject to very nearly the same diseases of the skin, the difference consisting in the predilection displayed by this or that malady for the one or the other; thus measles and scarlatina are common to the old and the young alike, but so much more frequently do they occur in the latter, that they have almost come to be regarded as essentially affections of childhood. The following observations are taken, with some modifications and additions from the work of Tilbury Fox, to whose excellent manual, and the hand-book of Neumann, I am indebted for many of the facts in the foregoing pages: Congenital syphilis develops during the first three months of life. Of 158 cases collected by Diday, the disease appeared:—\*

Before the completion of one month after birth, in.....	86
Before the completion of two months after birth, in.....	45
Before the completion of three months after birth, in.....	15
At four months, in.....	7
At five months, in.....	1
At six months, in.....	1
At eight months, in.....	1
At one year, in.....	1
At two years, in.....	1

\* Bumstead on Venereal.

Strophulus and eczema are met with during the first four months of life, and up to and through dentition. Psoriasis rarely begins before the sixth year; as a rule, between fifteen and thirty. Acne is never seen in children, and rarely makes its appearance before puberty. Ichthyosis is developed between the ages of three and six. Lupus commences in early life. Impetigo contagiosa is an affection of childhood. Parasitic diseases occur in the young, infrequently after twenty-one years of age; herpes circinatus is the form seen in adults. Cancer (epithelioma) appears between thirty and sixty; rodent ulcer at sixty and beyond. In old people generally, we find prurigo, pruritus, ecthyma cachecticum, eczema rubrum. According to continental authorities, pemphigus is a disease of childhood, and Neumann writes that 1 out of every 700 new-born children has this disease. Other dermatologists seem to regard pemphigus neonatorum as invariably syphilitic. Syphilitic pemphigus in the adult is rare (Drs. McCall, Anderson and Zeissl have seen cases); but there is no doubt that the non-specific variety is common in old and poorly nourished people.

## Correspondence.

### NOSTRUM PRESCRIBERS AND VENDERS.

In view of a number of errors, some with fatal results, which have occurred in different parts of the country, the question presents itself whether something cannot be done to prevent their frequency. Any druggist's file of prescriptions will furnish evidence that numerous abuses have crept into the practice of prescribers, more or less encouraged by designing dispensers. The number of unofficial and private secret compositions ordered is considerable. A few of such private preparations which have come under the writer's observation recently are: "Lac ferri," "Poudre de Foug. comp.," "Mistura Falcii," "Ungt. meum No. 2," Fougere's iron pills." Now this is certainly unprofessional. Our materia medica is doubtless rich enough to take away any excuse for going outside for any composition needed in any case. Besides, the public



is entitled to the full benefit of the open competition in the cost of the medicine, which the prescribing of officinal preparations would give them. Where a secret formula is kept only by one or a few druggists, it is not unfair to suspect that it is done for the purpose of charging a higher price, at least it would naturally have that effect and thereby injure the purchaser. If the Pharmaceutical Association made it obligatory on every druggist to enter into a book, to be kept by the secretary, any private formula, liable to be ordered on a prescription, the evil could be at least in part obviated. Conventional rules might be established between the Medical and Pharmaceutical associations which would remove many fruitful sources of error. The necessity of such has been long felt, and the Richmond Pharmaceutical Association has taken a step in the right direction by appointing a committee to draw up a list of the more potent remedies and their *maximum dose*, requiring the prescriber, in any case where in his opinion a larger than the conventional maximum dose is necessary, to place the letters *q. r.* (quantum rectum) on the right end of the line, thus:

**R** *q. r.* Liquoris potassii arseuitis, f. 3ii.

Aquae destillatae, f. 3ss.

**M.** Signa.—A teaspoonful 3 times a day.

A failure to indicate the fact that the prescriber knowingly transcends the maximum dose compels the dispenser to communicate with the physician or to reduce the dose to the normum maximal standard. By conference with the Richmond Academy of Medicine, these regulations have been established for the city of Richmond. If the same were adopted by the American Medical and Pharmaceutical associations it would go far to reduce the number of mistakes.

Another source of annoyance, both to the physician and druggist, is the large number of elixirs of many different makers, which are daily prescribed. It is almost impossible for any druggist to keep a full supply of them, of all the different makers, on hand. Since the American Pharmaceutical Association has adopted standard formulæ for these unofficial preparations, the physician has no longer any excuse (if he ever had) for encouraging such semi-nostrums, the difference in the composition of which (if their makers' statements as

to the contents of the active ingredients are taken as correct) consisting only in the *vehicle* and the *aromatics*.  
PH. D.

## Extracts and Abstracts.

**DYSENTERY—ITS TREATMENT WITH NITRATE OF SODA** (*Saltpeter du Chili*). By Dr. Caspari, of Wiesbaden.—Among the numerous remedies recommended for the cure of this disease, there is one that deserves especial attention, and that is the nitrate of soda. Although Bierbaum has said that it was only useful against the fever, but ineffectual against the dysentery, my experience has nevertheless taught me differently, and more especially had I learned to appreciate its value in the winter of 1870–71. In September, 18 per cent., and in October, 30 per cent. of all patients entering the Frankfort Hospital, where I was on duty, had dysentery.

The results obtained in so great a number of cases are certainly conclusive as to the value of this agent in this affection.

As regards the therapie, Rademacher calls especial attention to the fact that the disease may attack either the rectum alone, or at the same time, and at times more especially, the small intestines. According to R., the two forms differ in this respect. In the intestinal dysentery, the whole intestinal tract, from the stomach to the anus, is affected; at first, however, the affection of the rectum seems to predominate, and manifests itself by non-feculent, liquid, sanguinolent discharges, with more or less tenesmus.

The symptoms by which these two forms may be distinguished from each other are very uncertain. The most reliable symptom in intestinal dysentery is feculent discharges, at the outset; sanguinolent mucous discharges—small in quantity, accompanied with strong tenesmus—belong more particularly to the affection of the lower bowel.

The two forms are sometimes mixed. Nevertheless, in intestinal dysentery, the number of stools is excessive, reaching as many as thirty to forty, or even more, through the day; the tenesmus, however, is not so severe. This affection may be properly called dysenterie diarrhœa.

I have for a long time employed the nitrate of soda for both dysentery proper and the dysenteric diarrhœa. The dose, however, must vary in these affections, on account of the difference in the inflammatory processes of the two forms, and it is important that it should be according to the degree of the phlegmasia.

In rectal dysentery, in a robust person, 25 grammes may be administered, in broken doses, in twenty-four hours. The medicament

is dissolved in water, and given in a gummy solution. The dose oscillates between 15 and 25 grammes when there is no inflammatory complication of the small intestines. In light cases, improvement will follow in twenty-four hours, the dose should be increased. If the tenesmus has ceased, but symptoms of phlegmasia of the small intestines persist or supervene, the dose must be reduced to 8, or even 5 grammes (*pro die*).

Rademacher also says: "The administration of the nitrate of soda rapidly diminishes the abdominal pains and the number of the stools." He adds, furthermore: "If, when the tenesmus has ceased, an increase in the number of discharges should be remarked, it need not cause any anxiety, as it is due to the prolonged use of the remedy, and will rapidly cease."

If the affection be, however, more particularly of the small intestines, the medicament must be given in smaller doses. Too large a dose will exaggerate the inflammation and the morbid manifestations. In these cases I generally begin with 6 grammes (*pro die*), in divided doses, given in an oily emulsion.

The medicine should be administered warm, as cold is contrary to this affection, and causes an immediate increase in the number of stools.

The medicine must be aided by strict attention to diet and hygiene. The patient must absolutely abstain from solid food, even for some days after recovery. In one of my cases—a strong, robust woman, who recovered after three days—the eating of a small piece of rye bread (against my orders) was immediately followed by a relapse.

In conclusion, I must say, the nitrate of soda is of unquestionable efficacy in dysentery, and I not only recommend it to my colleagues, but request them to follow my example.—*Deutsche Klinik*, Nos. 4 and 5, *Bulletin de Therap.*, 30 Juin.—*Lancet and Observer*.

QUINIA AS A GARGLE IN DIPHTHERITIC, SCARLATINAL, AND OTHER FORMS OF SORE THROAT.—Dr. David J. Brakenridge observes (*The Practitioner*, Aug. 1875) that:

"The following facts, among others, may be regarded as established:

"1. Quinine is a protoplasm poison, and limits the number and movements of the white blood corpuscles and pus cells.

2. It prevents the pathological migration of the blood corpuscles into the tissues of the membranous and parenchymatous organs exposed to the air, both when it is given subcutaneously and when it is directly applied to the part.

3. It restrains the dilatation of the blood-vessels.

4. It is an antiseptic, and exerts a paralyzing, or, in larger doses, a destructive influence on microzymes.

With these facts in view, the theoretical appropriateness of quinine as a gargle in diphtheria with abundant proliferation of micrococci, and in scarlatinal, and various other forms of sore throat, especially when attended with membranous exudation, pultaceous secretion, or ulceration, is apparent. For it antagonizes all the visible factors of such forms of inflammation.

Before employing it for this purpose, I was familiar with the use of solution of quinine as a dressing in bed-sores and other tedious ulcers. The marked diminution in the secretion of pus and the rapid improvement which I observed to take place in these cases when so treated, first led me to anticipate good results from quinine as a gargle.

For the last four months I have treated every suitable case of sore throat that I have met with in my wards in the Royal Infirmary and elsewhere, with a gargle composed, as a rule, of two grains of sulphate of quinine and five minims of dilute sulphuric acid to each ounce of water. Sometimes I have been able to increase the strength; sometimes I have been compelled to diminish it. When well tolerated, the stronger it is the better.

The results I have obtained fully confirm my favorable anticipations. From a considerable number of cases I draw the following conclusions:

Simple non-syphilitic ulcers of the throat, under this treatment, at once assume a healthier aspect and heal rapidly.

In syphilitic ulcers, the local treatment has always been accompanied by the internal administration of iodide of potassium, or some other suitable constitutional remedy; but my impression is that, in these cases, the cure is hastened by the quinine gargle.

Its effect in the sore throat of scarlatina is very marked, the pultaceous secretion being checked, and the inflammatory swelling diminished.

It is of comparative little use in the early stage of cynanche tonsillaris, over which tincture of aconite, in minim doses frequently repeated, has so decided a control. When, however, abscess followed by abundant discharge of pus results, its beneficial influence in checking the suppuration and promoting healing is marked.

In the slighter forms of diphtheritic sore throat, it answers admirably, preventing the extension of the disease, and promoting the separation of the membranous exudation.

It is, however, in severe cases of true diphtheria that I hope it will prove most useful. I have now employed it in three cases of this disease, and in all the result has been highly satisfactory.—*American Jour. Med. Sciences*.

VEGETARIANISM A CURE FOR INTEMPERANCE.—Mr. C. O. Groom Napier read a paper upon

this subject before the British Association for the Advancement of Science. He said that more than twenty years ago he read, in Liebig's "Animal Chemistry," how the use of cod-liver oil had a tendency to promote the disinclination for the use of wine, and how most people found that they could take wine with animal food, but not with farinaceous or amy-laceous food. He was at that time a vegetarian, and he felt in his own person the truth of this statement of Liebig, as did also some members of his family who, after becoming vegetarians, had no inclination for alcoholic liquors, although brought up to their moderate use. He was induced thus to inquire whether vegetarianism might not be a valuable cure for intemperance. Having applied it successfully to twenty-four cases, he would briefly give the results. One person, aged 61, of a Scotch aristocratic family, had contracted habits of intemperance in India. His habit was to eat scarcely any bread, fat or vegetables. His breakfast was mostly salt fish and a little bread; his dinner consisted of joint and very little else; and he consumed during the day from a pint to a quart of whisky, and was not sober more than half his time. He was induced to return to the oatmeal porridge breakfast, and adopt a diet for dinner of which boiled haricot beans or peas formed an important part. About this time his wife became so alarmed as to the consequences of the cattle plague that all the family were put upon a vegetarian diet. The husband grumbled very much at first, but his taste for whisky entirely disappeared, and in nine months from the time he first commenced eating largely of beans, and two months from the time he became an entire vegetarian, he relinquished alcoholic liquor entirely, and had not returned to either flesh or alcohol. The author also instanced the case of an analytical chemist, aged thirty-two, who was given to intemperance, but who, on having his attention drawn to Liebig's statement, was induced to adopt a vegetarian diet, and, following up this, before six weeks he was a total abstainer. As other instances, he mentioned a lady of independent means, a clergyman, a country gentleman, a girl of nineteen, a man and his wife and sister (all over forty years of age), a bed-ridden gentleman (cured in thirty-six days), a captain in the merchant service, a half-pay officer, a clergyman and his wife, both of intemperate habits, who were cured by a diet mainly farinaceous. A gentleman of sixty had been addicted for thirty-five years to intemperate habits, and his constitution was shattered. After an attack of delirium tremens he was induced to adopt a farinaceous diet, which cured him in seven months. He was very thin, but his weight increased twenty-eight pounds. Two sisters, members of a family noted for intemperate habits, adopted vegetarianism, and were cured in about a year. A clerk who had lost several situations through intemperance was

cured by vegetarianism, and was taken back by an employer at a higher salary than he had ever received. A governess, aged forty, lost her situation through intemperance, and was cured, by adopting a farinaceous diet, in nine weeks. Two military pensioners were cured in six months. Three old sailors were cured in like manner in the same period. The author then mentioned various articles of diet which he regarded as specially antagonistic to alcohol. These were: macaroni, haricot beans, green dried peas and lentils, soaked for twenty-four hours, well boiled with onions and celery; rice, and highly glutinous bread. The author stated that he had himself found his health benefited by a vegetarian diet, and all whom he had induced to adopt it had received similar benefit. After pointing out the increased economy of this diet, he recommended those who had distaste for it to try seaside or mountain air. He then alluded to the increase of national wealth which would arise from the employment of land now growing barley for other purposes; and added that nations living on a farinaceous diet are less given to drunkenness than meat-eating populations. —*Med. and Surg. Reporter.*

**THE PROGNOSIS IN SYPHILIS.**—Mr. J. Hutchinson gives the following warning, in a lecture in the *Lancet*:

Let me here insist upon the extreme importance to the reputation of the practitioner, of the rule never to give an opinion as to the nature of a chancre until the incubation period is over. Patients will come to you with sores contracted a few days or a week or two before, and will expect you to be able to tell them whether or not they are likely to have syphilis. Now, there is never anything in the conditions which are either present or absent that will justify the most practiced observer in giving any opinion at such a stage. It is very rare indeed that an infecting sore acquires any induration within three weeks of the date of contagion, and more commonly it is a month or five weeks. Until such induration takes place, nobody can tell whether it is coming or not.

Very various indeed are the conditions which may have been present during the preceding period. Your patient may have had a soft sore, which may have been severely inflamed, or even phagedænic; he may have had a bubo, and that bubo may have suppurated; or he may have had no sore at all, and no bubo. Let your rule be, I repeat, to give to your patient no opinion whatever as to his chance of escape until he can assure you that it is one month since his last exposure to risk. It is a matter of constant experience, to be told by patients that the medical man first consulted assured them that the sore was only a soft one, and would not infect; and, under such circum-

stances, it is always very difficult to restore the patient's confidence in his adviser's knowledge. If the contagion of syphilis were always effected with the same care as to purity of the virus as is exercised in the case of selection of lymph for vaccination, it would not have been necessary to teach this doctrine of caution now. No one thinks of speaking as to the prospect of the success of vaccination during the first few days, nor would he be able to do so even so soon as that, were it not that the vaccine vesicle is enabled to develop itself uncomplicated by other morbid processes. It is not so, however, with syphilis, and hence the variety of the results which we witness during the first two or three weeks after contagion. If the virus be introduced in a pure, or almost pure state, then it is probable that, in many cases the patient experiences nothing excepting, perhaps for a few days, a little red pimple, which disappears, and leaves him, as he thinks, quite well for another three weeks or a month. At the end of that time the part begins to itch a little, and again becomes red, and gradually, within a week or so, a well characterized induration is developed. If, however, the contagion have been effected by a mixture of contagious pus and specific virus, then you have a very different course of things. Within the first few days the contaminated part may inflame sharply, and an ulcer may result, which will probably send the patient, in great alarm, to his surgeon. This sore is, of course, soft; it secretes freely, and its secretion may contaminate other parts, and you may have what are termed multiple soft chancres. You may inoculate it, if wished, on the patient's skin, and produce other similar sores, and thus prove that you have to do with a non-specific secretion. But all this does not prove that the specific poison is not there, and whatever may be the course of these soft sores, whether easy to heal or obstinate, there remains the risk that specific induration may ultimately be developed.—*Med. and Surg. Reporter*.

**CHLORAL AS A SURGICAL DRESSING.**—Prof. Marc Sée, of the St. Eugénie, advances some remarkable evidence in favor of the great value of chloral as a dressing, employed in the proportion of 1 per cent. in water. He first employed it in a case of diphtheritis of the vulva, and the success was so great that he has since used it in numbers of cases during nearly a year, without ever being disappointed. He has applied it in wounds of bad aspect, disinclined to cicatrize, in contused wounds accompanied by much detachment of soft parts, and actual or threatened mortification, or abundant suppuration. He has injected it into the centres of abscesses and sinuses connected with bone, and has also used it in dressing simple wounds, whether accidental or surgical.

I all these cases the result was most satisfac-

tory, without any accident whatever calling for the suspension of the chloral occurring. In patients whose wounds on their entrance were complicated with erysipelas or diffused phlegmon, two or three days' use of the chloral has sufficed to arrest the progress of such complications. After cleansing the wound and its vicinity by means of a little charpie (avoiding the use of sponges) he covers the whole surface with pledgets of charpie thoroughly imbibed with the chloral, and having covered these with oiled silk, envelops the whole in a thick layer of wadding, and applies a roller somewhat tightly. The chloral is pleasant to the smell, soils neither the fingers nor the bedding, is not too volatile, and causes no pain on application. It has been of great service in several cases of ozæna without necrosis, and it would be difficult to mention all the applications of which it is susceptible. Whenever fetidity has to be destroyed, fermentation, putrefaction, or the production of vibriones, etc., to be arrested, it fulfills the indication with certainty and inoffensiveness. Its moderate price, also, is a matter of importance in hospital administration, as a kilogramme is to be had for twelve or fifteen francs; and as a litre at 1 per cent. contains ten grammes, the price of which is from twelve to fifteen centimes, next to water itself it is the cheapest article that can be employed.

At a recent meeting of the Société de Thérapeutique (*Bullet. de Thérap.*, July 30), M. Créquy strongly recommended chloral as an injection in ozæna, in the proportion of two parts to 250 of water. He places a caoutchouc tube in the vessel containing the solution, and, raising this above the patient's head, allows the fluid to pass into the nose by siphon action. Several members of the society testified to the utility of the solution as an application in scrofulous and fetid ulcers, in the eschars produced by decubitus, etc.—*Med. Times and Gaz.*, Aug. 21, 1875, from *Journ. de Thérap.*, July 25, 1875.

**SIMON'S METHOD OF DILATING THE FEMALE URETHRA.**—*Centralblatt, d. Chir.* 33).—Prof. Simon (Heidelberg) published, a short time ago, a method of quickly and safely dilating the female urethra for the purpose of examining the bladder with specula as well as the finger. In the first place the external orifice of the urethra is enlarged by two lateral incisions (one-eighth of an inch deep); then the urethra itself is dilated by the introduction of a series of seven conical specula of hard rubber, the No. 1 has a diameter of one-quarter of an inch, and No. 7 measures one and one-quarter inches. Directly after withdrawing the largest speculum the index finger is introduced for palpating the interior of the bladder. According to S. even the narrowest urethra can thus be dilated within a few minutes; he has made

use of his method in over sixty cases, and an incontinence of the bladder has not been experienced in a single one.

To illustrate the great usefulness of Simon's method, Dr. Bruns gives the following case: A girl, twenty-four years of age, had a hair pin in her bladder, and three unsuccessful attempts at extraction had been made. In the narcosis the external orifice of the urethra was enlarged by two superficial cuts, and the seven specula were introduced successively. The index finger then followed, and with it a thin forceps could be introduced into the bladder. Under the guide of the finger the hair pin was caught up without difficulty and extracted. The whole operation occupied five minutes. No incontinence of urine after the operation.—*Chicago Med. Journal*.

**THE VALUE OF TAR IN BRONCHIAL CATARRH AND WINTER COUGH.**—Drs. Sidney Ringer and William Murrill contribute a note on the use of tar to the *British Medical Journal*. They have employed tar in two-grain doses, made into a pill, every three or four hours. From October to January, inclusive, its effects were watched on twenty-five patients, whose ages varied from 34 to 70. All these patients had suffered several years from winter cough, lasting the whole winter.

These patients suffered from paroxysmal and violent cough, each attack lasting from two to ten minutes—recurring ten or twelve times in a day and breaking their rest at night. Expectoration abundant, frothy, purulent. Breathing short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant rhoncus, occasionally a little bubbling rhoncus at the base. These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and in about three weeks they were well enough to be discharged. The improvement was so decided that even those patients who, in previous years, had been confined to the house during the whole winter, returned to their work. On discontinuing the tar, relapses often occurred in a week or two, but on re-administering the medicine, relief was again obtained.—*Southern Med. Record*.

**IN THE *Medical Times and Gazette*** of March 6th, Dr. J. L. Patterson, of Edinburgh, publishes an interesting letter from Dr. Da Silva Lima, of Bahia, in which the mystery as to the composition of Goa powder seems to be satisfactorily explained. He says that the powdered medulla of a tree, called in Brazil araroba, is there a popular remedy for herpes circinatus and other similar affections. The tree which furnishes this powder grows only in the interior of the empire, and has not yet been botanically identified; it belongs, how-

ever, to the natural order Leguminosæ. The powder is known throughout South America as po di Bahia (Bahia powder), and is also exported in considerable quantities to Lisbon, whence it is probably reshipped to the Portuguese settlement Goa, and thence distributed over India under a new name. The physical properties and therapeutic effects of araroba powder and of Goa powder seem to be identical, except that the latter is less energetic, owing no doubt to adulteration. Dr. Da Silva Lima recommends the following formula: Araroba powder, gr. xx.; acetic acid, m x.; benzoated lard, an ounce. He has found it very efficacious in the parasitic skin diseases mentioned by Dr. Fayrer and also in mentagra.—*New Remedies*.—*Druggists' Circular*.

**SACCHARINE DIABETES—ITS CAUSE AND ITS CURE.**—Under the very attractive title of "Cure of Diabetes," Dr. A. de During has published an article in the *Revue Méd. de L'est*, of which we give the following summary:

Dr. During holds that saccharine diabetes depends on trouble in the digestive organs. If the theories upon which the treatment is founded be contestable, the results of the treatment are not the less worthy of serious attention.

The alimentary regimen for a diabetic patient consists of 80 to 120 grammes of rice, gruel, etc., and 250 grammes of meat per day; the excessive appetite is assuaged with ice or ice-water. Daily promenades are recommended to the patient, according to his strength. Every morning, for two hours, the patients are enveloped in wet sheets, which, later on, are replaced by cold baths of short duration.

Of ninety-five patients treated by Dr. During, twenty-eight were completely cured; sixteen patients discharged cured, did not furnish him with any information as to their ulterior health; eleven patients discharged cured, had a return of the disease in consequence of a bad regime. With the others, the treatment was not continued for a sufficient length of time, for various causes.—*La Tribune Médicale*.—*Lancet and Observer*.

**AT THE** recent meeting of the American Pharmaceutical Association, a volunteer paper by Prof. J. B. Remington, on a new method of administering medicines was read by Mr. William Saunders:

The writer said that this method of dispensing medicines made it comparatively easy for any pharmacist to put a pleasant guise on any medicine which, heretofore, could only be given in pill or powder. The enveloping material is simply a paste of fine flour and water made into the form of a disc, the centre of which was depressed. To prepare these for use, the medicine is placed in one of these discs, and another of the same size is inverted

over it, and being previously slightly moistened on the edge, is placed in a little machine which is made for the purpose, when, on giving the handle a slight turn, the discs are fastened together, and the medicine is securely enveloped within.

On trying the solubility of medicines prepared in this method, as compared with the various coated pills, it was found that this envelope or disc, *was far more soluble* than any of the other kinds of coating in use. As the apparatus is of very moderate cost, it is thought it will speedily be introduced. To administer the "cachets de pain," as they are termed, one of them is placed in a teaspoon with a little water, and it can be swallowed without any trouble whatever.—*Druggists' Circular*.

**TREATMENT OF CHRONIC TUMEFACTION OF THE SPLEEN.**—Prof. Mosler, of Greifswald (*Deuts. Arch. f. kl. Med.*) maintains that, provided certain precautions are taken, injections into the spleen can be made without danger. It is first necessary to diminish the quantity of blood in the organ, and this object is attained by giving an hypodermic injection of hydrochlorate of quinine. For some time before the parenchymatous injection is made, ice is applied over the spleen, and, as soon as the organ has contracted so that its inferior extremity lies against the abdominal wall, the injection can be made; if it causes much pain, it can be followed by an injection of morphine. Carbolic acid (1-200) was first employed; in another case Fowler's solution, and these injections did no harm. In one of the cases the diminution of the volume of the organ was considerable. One cubic centimetre of a mixture of Fowler's solution (1-10) was injected several times. The pain was relatively moderate, the cold being kept applied over the splenic region. This treatment caused complete cure in a patient after all other means had failed.—*Gaz. Hebdom.—N. Y. Med. Jour.*

**BROMIDE OF POTASSIUM IN AMBLYOPIA.**—The quieting effect of bromide of potassium on the centres of reflex movement, its power of moderating the activity of the heart and of lowering the temperature, and its influence on the vessels of the retina, have induced A. Quaglin to try its effect in amblyopia from abuse of alcohol and tobacco. He begins the treatment by giving one gramme daily in 200 grammes of water, gradually increasing the dose till toxic symptoms become manifest. In a few cases the cure was complete, in others the disease was arrested. There were no relapses. He thinks that, since bromide of potassium causes the cerebral vessels to contract, it will also be useful in amblyopia due to neuritis descendens and retinitis from insolation, in rheumatic meningitis, and lead-poisoning. Bromide of iron

should be tried in anæmic individuals.—*Annali di Ottalmologia*, Fasc. 2 e 3, 1874.—*N. Y. Med. Jour.*

**LIME IN THE EYE.**—S. W. writes to the *Druggists' Circular*:

A week ago I found myself in one of those situations where prompt action is needed, and a druggist is justified in doing what he can, without writing for a doctor. A negro came to me in intense agony, some unslacked lime having got into his eye. That the lime must be neutralized at all hazards, I felt certain. I chose sulphuric acid. I put one drachm and a half of the diluted acid in a four-ounce graduate, filled it with water, and told him to wash his eye with the liquid. He did as he was told and was relieved almost immediately. Then I made him rinse his eye with pure water, and after that I told him to anoint it with olive oil, and to continue the application for some time. To-day he is almost well, and can see with his eye again. In another similar case, no remedy was immediately applied, as a doctor had to be sent for from some little distance, and the negro lost his eye entirely.

**BLINDNESS AND DEAFNESS DUE TO TAPE-WORM.**—Dr. Williams reports the case of a child of eight years, puny but in fair health. It had suddenly lost its hearing six weeks previously. Four weeks before, that is, a fortnight after the deafness, it had in one day lost its sight. For a day blindness was complete; then for a time there occurred successive intervals of sight and blindness. If any one whom the child knew brought his eyes close to it, it would catch the expression of the eyes and show recognition, but it recognized no other light, however bright. The ophthalmoscope showed no local trouble or cerebral lesion. There were signs of tape-worm present, and the loss of the two functions could be attributed only to reflex action. There had been no vomiting. On the removal of the worm both sight and hearing completely returned.—*Boston Med. and Surg. Jour.—Clinic*.

**CALOMEL AND HEAT AND MOISTURE IN TRUE CROUP.**—Dr. W. H. Vail (*N. Y. Med. Jour.*) reports having successfully treated three cases of true membranous croup by giving a full dose of calomel, 15 to 20 grains, repeating the dose in six hours, if the bowels have not operated, and placing the patient in a temperature of 90° F., the air being loaded with moisture till it runs down the windows. His experience is that these two remedies stop at once the further formation of the membrane and loosen what is already formed. If the thermometer falls below 80° or 75° the old trouble will return.

THE CLINICAL RECORD, \$2 per year.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - November, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

H. F. ZIDLER, Publisher,  
511 Pine Street, St. Louis, Mo.

## Editorial.

### CONCERNING CENTENARIANS.

Before the era of scientific statistics, before the day of the census, the parish register and the life insurance company, men had a fashion of living to marvelously old ages, or rather people credited them with reaching in years far beyond the three score and ten of the Psalmist. It is not a matter of wonder that in times past the most incredible stories in regard to the longevity of individuals could gain credence, but it is a matter of amazement that at the present day, with our very exact methods of observation, equally improbable stories can find acceptance. We scarcely ever take up a paper, lay or professional, without meeting with the biography of some ancient worthy who has passed his or her hundred years and more. Notwithstanding, Bichat has said that such is the mode of existence of every living creature, that everything around them tends to their destruction, and that very few pass unscathed the contingencies and accidents of life, to which the advanced in years are especially liable, we do not deny it to be physiologically possible for a man to live a century, but we do believe, in point of fact, that the records of the past and the everyday statements bearing upon the question of extreme longevity are highly improbable, if not altogether false and unreliable.

Sir G. Cornewall Lewis, a noted investigator in this direction, emphatically denies that any person ever lived to be one hundred years old, and while we are not ready to indulge such an extreme skepticism, we are more prepared to agree with Mr. W. J. Thoms, who will credit

no centenarian unless his story is supported by the evidence of statistics.

Homer says that it would take nine men of his degenerate day to lift a stone thrown by a warrior of the heroic ages; but long subsequent to the epoch of the blind bard, we find traditional report of the existence of physical virtues scarcely inferior to those possessed by the heroes of the Iliad, that is, if we admit the long continuance of life as proof of the existence of such perfections. In comparatively historical times we have it recorded that Epimendes, the seventh of the wise men, lived to be one hundred and fifty-four years old; Herodicus, the master of our own Hippocrates, one hundred, and Georgias, the rhetorician, one hundred and eight. Examples of this sort could be multiplied, that is, of men of whose lives we know little; but the moment we come to scrutinize the biography of better known characters, we find even tradition more chary with its figures. This is further exemplified when we inquire as to the number of years attained by noted individuals of more recent times. The ages of Roger Bacon, Copernicus, Newton, Adam Ferguson, Wesley, and Le Sage, were respectively seventy-eight, seventy, eighty-four, ninety-two, eighty-eight, eighty and eighty-four.

These ages are truly remarkable, although within the region of credibility, and as they were all public men, living before the world, their accuracy could be thoroughly established. Recent studies by Elam and Beard would seem to establish the fact that "brain workers" are the longest-lived of our race, and an examination of the ages of this class bears out the assumption; yet when we contrast their years with those said to have been passed by peasants and other obscure persons, we see at once that they dwindle into insignificance. We shall present a few illustrations which the reader can take *cum grano salis*: Thomas Parr, a Shropshire farmer, died in London in 1635, aged one hundred and fifty-two; Terese Truxo, a negress, was living in South America in 1780, aged one hundred and seventy-five; Peter Zartan, a Hungarian peasant, lived to be one hundred and eighty-five; Peter Cam, two hundred and seven; Henry Jenkins, one hundred and sixty-nine; Peter Garden, one hundred and thirty-five, and Jane Forrester, one hundred and thirty-eight years. This



modern enumeration could be swelled indefinitely, for has not every village its "old, old, very old" man or woman whose birth dates back to the time when the memory of man runneth not to the contrary.

Mr. Thoms, in reviewing the subject of longevity, claims that there have existed but four centenarians in these latter days, and their ages are proved by indubitable evidences, such as parish and insurance statistics. Their ages were, respectively, one hundred and two, one hundred, one hundred and three, one hundred and one. Jacob Lunig, aged one hundred and three, is the only case on record of an insured life extending to one hundred years. The famous Count de Waldeck, of Paris, died in that city, April, 1875, somewhat over one hundred and nine. Thus it will be seen that a few, a very few, authentic cases are in evidence to prove that a person may survive ten decades, and probably one more besides; but a rigid analysis of facts and figures forces the conclusion that they are in a pitiful minority. The records of extreme age are almost universally confined to the poor and unknown, although one would naturally suppose that the refined, cultivated and intelligent were more favorably situated for the race of life. The sources of error in estimating age are very apparent. These are: the ignorance or deceit of the aged themselves, the confusion of identity, and the general love of the marvelous common to all.

H.

## Book Notices and Reviews.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, volume the eighth, third series, Volume I. Philadelphia: Printed for the College, 1875. Lindsay & Blakiston, Pa.

This is a handsomely bound octavo volume of 216 pages, printed on extra heavy paper in large clear type, and contains besides a list of officers, fellows, associations, etc., the following papers:

Report of an autopsy on the bodies of Chang and Eng Bunker, commonly known as the Siamese Twins, by Harrison Allen, M. D., Professor of Comparative Anatomy and Zoology in the University of Pennsylvania, Surgeon to the Philadelphia Hospital, etc.

On the use of nitrite of amyl in various forms of spasm, and on its value as an aid to diagnosis. By S. Weir Mitchell, M. D., Member of the National Academy of Sciences.

Quinia as a Stimulant to the Pregnant Uterus. By Albert H. Smith, M. D., President of the Obstetrical Society of Philadelphia, Physician to and Lecturer on Obstetrics in the Philadelphia Lying-in Charity, etc.

The work is embellished with the following illustrations: Chromo-lithographs: Surgical Anatomy of the Siamese Twins, showing the arrangement of the structures within the band, by Prof. Pancoast. No. 2 of same, showing the arrangement of the peritoneums, livers and diaphragms; also by Prof. Pancoast. Wood cuts: Autopsy of the Siamese Twins, by Prof. H. Allen; Case of Adenoid Disease, by Dr. J. H. Hutchinson; Operation for Bifid Uvula, by Dr. W. S. Forbes; Excision of the Elbow, by Dr. J. Ashurst, Jr.

Albert H. Smith, M. D., in his paper on quinia as a stimulant to the pregnant uterus, sums up the conclusions he has arrived at in his observations in forty-two cases where quinia was administered experimentally, as follows:

1. "That quinia has no inherent property of stimulating the gravid uterus to contraction: being inert as to any effect upon the womb in a quiescent state and having no divided action in accidental labors at any period of gestation.

2. That to its property as a general stimulant and promoter of vital energy and functional activity, and to that alone is due its influence upon the uterus in normal parturition producing then no action peculiar to itself, but merely increasing the power of the uterus to expel its contents by its own natural method, converting what is a defective or even pathological action into a simple physiological process.

3. That, availing ourselves of this power, we may, by administering full doses of the sulphate of quinia at the outset of labor, favor the rapid and safe termination of what might otherwise be a tedious and exhausting work."

Dr. Smith gives fifteen grains of the sulphate of quinia at one dose, and says that but in one case, and then only for a few minutes, was there the least approach to cinchonism.

ON POISONS IN RELATION TO MEDICAL JURISPRUDENCE AND MEDICINE. By Alfred Swaine Taylor, M. D., F. R. S. Third American from the third and thoroughly revised English edition, with 104 illustrations. Philadelphia: Henry C. Lea. 1875. pp. 788.

All practitioners, especially those who take an interest in legal medicine, will be glad to welcome the appearance of the third edition of Dr. Taylor's invaluable work. Within a small compass it contains an immense fund of facts bearing upon the subject of toxicology; all, in fact, that will be required to give a practical, working knowledge of the subject to a reasonably attentive student.



The new edition is brought up to date, the notes of many important medico-legal cases which have been submitted to scientific criticism since the last issue of the work enrich its pages.

One of the most valuable of these cases is the celebrated one of Mrs. Wharton, tried at Annapolis, Md., in 1871-72, for the murder of General Ketchum. The great value of this case consists in the criticism of so able an expert as Dr. Taylor upon the chemical tests relied upon and the whole medico-legal conduct of the case.

We are happy to note that the eminent author gives full credit to Drs. Reese and Chew for their contributions to the literature of the subject. If more of our English brethren, who write for the instruction of the frontier Americans would be equally just in giving credit to sundry of these same frontiersmen when they have an opportunity, it would do much to abolish some of that anti-British instinct we have inherited from the times of '76.

In conclusion, we most heartily commend this contribution of England's most able and talented medico-legal expert to the notice of both professions, the medical and the legal.

The publisher has done his full duty to his author by presenting his work in attractive style, on good paper, printed from good type and well bound.

W. B. H.

**VISION; ITS OPTICAL DEFECTS AND THE ADAPTATION OF SPECTACLES.** With twenty-four illustrations on wood. By C. S. Fenner, M. D. Philadelphia: Lindsay & Blakiston, 1875. For sale by St. Louis Book and News Co.

The author states that, in preparing this work for the press, the endeavor has been made to give, in a popular and concise, yet in a comprehensive form, a *résumé* of the present knowledge of physiological optics and of the defects of the eye as an optical instrument. A brief elementary treatise on physical optics is prefixed, to secure a more thorough appreciation of many of the phenomena connected with vision. The work is divided into three parts, viz: 1. Physical Optics: Sight; 2. Physiological Optics: Visual Sensations, Visual Perceptions; 3. Errors of Refraction and Defects of Accommodation, Hypermetropia, Myopia, Astigmatism, Difference in Refraction of the Two Eyes. The introductory chapters devoted to Physical Optics are of much value and interest, giving in a clear and intelligible manner the results of the most recent investigations in this department of science. The succeeding pages are of a more purely professional character, relating to the various methods of detecting and relieving the errors of accommodation in the visual organs. The whole volume is

beautifully and thoroughly illustrated, the greater part of the designs being entirely original. Selections from the test-types of Snellen and Jaeger are incorporated with the treatise, and will lend considerable value to it practically. The chief merit of the book is in the collection and condensation of much information not generally found in so small a compass, and Dr. Fenner is to be commended for giving us a volume that can be read with profit alike by the student, the practitioner and the scientist.

**THE MULTUM IN PARVO REFERENCE AND DOSE BOOK.** By C. Henri Leonard, A. M., M. D. Second edition revised and enlarged. 1875.

This is emphatically a little book, consisting of but eighty 16-mo. pages, but in keeping with the old saying that "good goods are put up in small parcels." It is in truth *multum in parvo*. The matter is admirably selected with a view to utility. The paper is good and the type remarkably clear.

It contains the medium and maximum doses of all officinal and non-officinal remedies and their preparations, arranged in alphabetical order, and what will delight medical students, the *pronunciation* of each name is indicated. Under the head of *Preparations*, as waters, plasters, pills, etc., is shown the amount of the active ingredient in any given quantity. Rules for genitive case ending in prescription writing. Complete list of incompatibles. Poisons and their antidotes and tests for each, etc. A table of the tests for urinary deposits, chemical and microscopical, is given. It contains, also, obstetric tables and rules for the management of difficult cases and accidents. Pronunciation of medico-biographical names. Visceral measurements as guides for auscultation and percussion. National code of ethics, Hippocratic oath, table of the exanthemata and differential diagnosis, tables of weights and measures, list of abbreviations, etc., etc. We heartily recommend this little book.

**THE VEST POCKET ANATOMIST** (founded upon Gray). By C. Henri Leonard, A. M., M. D. *Multum in Parvo* series, enlarged edition. 1875.

This compend of anatomy consists of fifty-six pages of closely printed matter, 16-mo, and will doubtless prove a great help to students, especially while at college.

In dealing with the bones, the names, with the pronunciation thereof, the points of special interest, the names of muscles attached, number of articulations and names of bones articulating therewith, number of developmental centers, etc., are noted. The name of each muscle (with pronunciation), origin, insertion, nervous supply, etc., is given; each artery, its name, number of branches from main vessel.

origin, course, structures supplied, anastomosis, etc., are succinctly enumerated.

The veins and nerves are treated of in like manner, and this valuable contribution to the "vest pocket" collection closes with a complete résumé table of the bones and a classified table of the actions of the several muscles.

### BOOKS AND PAMPHLETS RECEIVED.


REVIEW of Prof. Palmer's Statement respecting the relations of himself and colleagues to homœopathy in the University.

STATISTICS of Mortality from Pulmonary Phthisis in the United States and Europe. By W. M. Gleetsmann, M.D. Baltimore: Turnbull Bros., 1875.

THE Physicians' Visiting List, for 1876. Twenty-fifth year of publication. Philadelphia: Lindsay & Blakiston. For sale by Gray, Baker & Co., and St. Louis Book and News Co.

A MANUAL of Minor Surgery and Bandaging, by Christopher Heath, F. R. C. S., Surgeon to University College Hospital, and Holmes, Professor of Clinical Surgery in University College, London, etc., etc. Fifth edition. Philadelphia: Lindsay & Blakiston, 1875.

### Miscellaneous Notes.

 SUBSCRIBE for the ST. LOUIS CLINICAL RECORD. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

CHURCHILL, the famous medical publisher of London, is dead.

DR. DUCHENNE (de Boulogne) died Sept. 18th, in the seventieth year of his age.

DR. ERNST KRACKOWIZER died of typhoid fever, Sept. 23d, in the fifty-fourth year of his age.

DR. F. W. HEADLAND, the well known author of the essay on the "Action of Medicines," died recently at the age of forty-six.

DR. ALEX. FLEMING died at Birmingham, Aug. 21st. His name was well known in connection with his studies upon the action of aconite.

THE Code of Ethics of the American Medical Association has been adopted by the Medical Society of Munich, and translated for the use of its members.

It is said that when eight years old Dr. Mary Putnam Jacobi came in from the back yard and requested a knife. "What do you want it for?" asked her mother. "I have found a dead toad," she replied, "and I want to investigate his circulation."

JOHN HUGHES BENNETT, late professor of medicine in Edinburgh, died at Norwich, Sept. 25th, aged sixty-three. Bennett has probably left a greater impress upon medical thought than any other man of the age, and his persistent efforts in behalf of rational medicine are to be remembered with more than a common gratitude.

A SAN FRANCISCO doctor named Flattery, who had the editor of the *News Letter* arrested for calling him a quack, gave a ridiculous exhibition of ignorance on the witness stand. When asked what *scabies* was, he answered "a bone," and made other blunders equally amazing. The editor was discharged, and Flattery was committed for perjury and contempt of court.

WE HAVE received the initial number of the *West Virginia Medical Student*, edited by Dr. James E. Reeves, of Wheeling. The new journal presents a very inviting appearance, being well printed and on good paper. The articles contributed to this number are all of an interesting character. We cordially welcome the "*Medical Student*" to the field of journalism, and wish it all manner of success in its useful career.

UTERUS—WHY SUBJECT TO SO MANY ILLS?—Dr. A. F. King (*Amer. Obstet. Journal*, Aug. 1875) says that he is disposed to answer the above question as the divine does when, looking into his face on a Sunday morning, he explains the reason of his spiritual deterioration. As with the transgressor metaphysically, so with the uterus physiologically. It has left undone the things which it ought to have done, and has done those things which it ought not to have done; and consequently *there is no health in it.*—*Detroit Review.*

A NEW PERFUME.—A correspondent of the *Scientific American* claims to have discovered in the despised bed bug "an odor as delicate and delicious as it was before rank and disgusting." This results from treating "nice, fat bed bugs with a saturated solution of nitrate of potash in water exposed to the air for several days—the odor is unlike any other perfume, and no one would suspect its low origin." Nitrate of potash is cheap, the raw material is plentiful, and, as the process is quite simple, there is no reason why any one who chooses may not, like "the actions of the just," smell sweet and blossom in the dust.—*Druggists' Circular.*

**WHOOPIING-COUGH.**—Dr. Wild reports in the *Weiner Allg. Mediz. Zeit.*, that he has succeeded in curing whooping-cough, in eight days, by the following treatment: The patient is not allowed to leave the room, and at each fresh paroxysm, a compress, folded in several layers and saturated with a teaspoonful of the following solution, is held to the mouth. The patient is thus compelled to inhale:

R Ether, 60 parts.  
Chloroform, 30 parts.  
Turpentine, 1 part.

M.

—*La Trib. Medicale.*—*Lancet and Observer.*

THE remains of Dr. Carlo Botta were transferred to Florence in September. He is memorable as a medical man and the historian of the United States. Born at San Giorgio del Canavese, in Piedmont, on November 6th, 1766, he graduated in Medicine in the University of Turin. After two years' imprisonment for advanced political opinions, he went to Grenoble, where he was appointed surgeon to one of the regiments of the Army of the Alps. He eventually settled in Paris, where he wrote his two great works on the History of America and of Italy. His fortunes fell so low at one time that he was constrained to sell as waste paper six hundred copies of his American History, to buy medical comforts for his wife. He died in Paris, on the 10th of August, 1837, in comparative comfort.

THE following table exhibits the results of operations on the trachea for croup and diphtheria, obtained by Professor Buchanan, of Glasgow:

Total cases of tracheotomy.....	46
Cured.....	17
Died.....	29
Tracheotomy in croup.....	16
Cured.....	6
Died.....	10
Tracheotomy in diphtheria.....	30
Cured.....	11
Died.....	19

The average result is precisely the same, viz: one child is saved out of every two and two-thirds operated on; and as the operation was always done when there seemed no hope of recovery otherwise, it may safely be stated that the lives of these seventeen children were saved by tracheotomy.—*Canada Med. Jour.*

**WET STRAPPING.**—It has been regarded as an item of some importance in the treatment of old ulcers, such as are of specific nature, found upon the lower extremities, that, if strapped, the plaster should be permitted to remain as long as possible without change. Whether the strapping meets the indication or not, cleanliness, etc., are, of course, to govern the surgeon in

every case. With this object in view, several cases have been dressed with what have been called wet straps, which are prepared by passing strips of adhesive plaster through hot water instead of heating them in the usual manner. In these instances the water was also carbolized.

It seemed quite certain that the ulcers had healed more rapidly under this plan of treatment than any which had been adopted, and it was very evident that the plaster did not get loose as quick as when heated over a spirit lamp.—*Medical Record.*

**GRASSHOPPER DINNERS.**—Prof. Charles V. Riley read a paper on "Locusts as Food for Man." The introductory portion of this paper was historical, tracing the use of locusts as human food to the earliest times of which there is record. Among the Nineveh sculptures are representations of men carrying different meats to a place of feasting, and some of the men are carrying sticks on which locusts are tied. In the book of Leviticus the locust is classed with "clean meats," and elsewhere in the Bible this insect is spoken of as food for man. Herodotus mentions a locust-eating tribe in Ethiopia, and Livingstone witnesses to the existence of this habit among modern African tribes. Even in the cities of Morocco, locusts are offered for sale in the markets and eating-houses. Many American tribes use this insect for food. In Southern Russia the locusts are salted and smoked; in Morocco they are boiled and then fried. Prof. Riley has had the locust cooked in a variety of ways, in order to test its flavor. This he pronounces "quite agreeable." Fried or roasted in their own oil, they have, he says, a pleasant, nutty flavor.—*Proceedings Am. Ass. for Advancement of Science.*

**ANTI-FEBRILE ACTION OF SALICYLIC ACID.**—Dr. Senator has resorted to the employment of salicylic acid as a means of abating temperature in fevers. He has especially tried it in the hectic of phthisis, having made fifty observations in ten cases. He found that under its use the temperature was undoubtedly diminished, but not so certainly as under the influence of quinine. In some of the cases its influence was quite surprising, while in others it was doubtful or not recognizable. He thinks that these negative results may be due to his having begun with too small doses, or to the mode of administration. The effect was more marked in intermittent fever. In five out of ten cases of this, the cure was complete after once or twice employing the medicine. The other five being dispensary patients, did not reappear.

The dose was from one to two grammes, (about fifteen grains), either given all together or in separate doses shortly before the paroxysm; correspondingly smaller doses being given to children. The acid is being

tried very thoroughly in typhoid fever, and the results so far are gratifying. Glycerine is generally recommended as a menstruum, and it is stated that fifty parts of this and fifty of water constitutes a vehicle that holds the acid in permanent solution.

**ONE-SIDED DEVELOPMENT.**—In an article entitled "Lop-sided Generations," published in the *Journal of Physiology*, Dr. Hollis points out the existence of the habit of using the right hand in preference to the left among those peoples whose monuments date from the remotest antiquity. What is the reason of this almost universal fact? The author turns to the anatomical mechanism of the human body for an answer. It is known that the right lung, liver-lobe, and limbs, exceed in size those of the left side, involving, of course, a great amount of tissue-structure, and a larger supply of nerves and blood-vessels for their nutrition. A person walking in a dense fog figures with his feet the segment of a circle; and, if he is right-handed, he takes a direction to the left, because the right leg naturally takes a longer stride. The left side of the brain is larger than the right; it has been shown that the power of verbal articulation in the right-handed is confined to a certain convolution on the left side; and hence we arrive at the fact that in speaking and thinking we use the left side of our brain, this being the result of dextral education. Amnesia and aphasia in right-handed men indicate disease of the left brain. Hammer-palsy and writer's cramp show the results of excessive working of the left brain. Dr. Hollis insists on the necessity of adopting a system of education which will give an equal prominence to both sides of the brain in all intellectual operations.—*Popular Science Monthly*.

**EXPERIENCE OF AN UNSUCCESSFUL PRACTITIONER.**—An article contributed to the *Medical Record* some time since, contains more unpalatable truths, plainly told, than it has been our fortune to meet for many days. We regret that our space forbids reprinting the article, but we shall confine ourselves to some very pertinent quotations:

I am aware that many will impute to causes of my non-success to myself, and will have it so, say what I may. But I cannot subscribe to their opinion, savor as my opposition will of self-sufficiency. The best proof that I am right is found in my knowledge of the career of no less than ten first-rate men, who likewise went through hospitals. I have been at the pains to consult these gentlemen, and, though my lucky brethren may find in the substantial agreement of the unsuccessful ones' views a point for joking about misery loving company and foxes losing tails, I beg to suggest that these views are the product of a very bitter experience, and at least worthy of attention.

I would like to ask those favored gentlemen who lecture on the needs of this great and growing country for more doctors, if they were ever at a place within its limits where there was a deficiency of the article? "A deficiency of the good article." Ah! very well; but is it not just this wholesale making of doctors by the medical schools and their professors which brings about this state of things? What would you have? Surely it is the interest of the schools to have as many students as possible, and the interest of each professor to graduate as many of his class as he can. One of the colleges in New York turned out a man as M. D. who, to my personal knowledge, could not tell the branches of the aortic arch, and whose examination in other departments than anatomy was proportionally brilliant. It is time some one should speak out, and as one who knows, I arraign our medical colleges as opening the ranks of the profession to a body of men who, as a class, are absurdly incapable, and, in consideration of the interests of life and death to be committed to their care, criminally incapable. I have known of the leading medical college of New York, some years since, graduating a man who never soiled his hands in the dissecting room, never touched a body, and whose reading comprised only that labor-saving machine, Neill and Smith's Compendium; that is he was never known to have any other medical work, and if he did, it was certain that N. and S. taught him all he knew. This man got a certificate of study from a doctor in whose office the student never entered, and systematically "cut" lectures. Of course this bogus doctor, as bogus as the possessor of any bought diploma, this "*virum probum*," had a brief career. Not at all. The time that other and more conscientious men gave to study, he gave to developing the qualities vulgarly known as "brass," and "cheek;" to influencing politicians successfully in his favor, and to drawing up "*Rules to be Observed During Treatment*;" and to-day his income is not less than ten thousand dollars yearly. Can we wonder that the community favors quacks? Nay, I have no hesitation in saying, and I say it boldly, that I would prefer at any time the services of an intelligent "quack" to such a "regular" doctor. I know that parallel cases exist in all the institutions in the great cities, and if this be the case there, what must be the depth of knowledge of the country school graduate, who is from a free school, from where the "professors" go out in the highways and hedges and compel students to come in?

The sublime trust with which some members of the profession speak of the general acceptance of a medical college degree as an educational guarantee is a patent instance of faith without works. What nonsense the professor utters, who says to the President, in the face of an admiring audience, smiling "graduates,"

and after music by the band, "These candidates have shown by their examinations," etc. A large proportion have shown great ignorance by their examinations; have copied stale textbooks to construct that wonderful literary production, the "Thesis;" have given certificates of three years' study and of a moral character, from one whom they may have seen once in their lives, and have attended mythical lectures. How does the faculty know that candidates have attended two courses of lectures? The faculty is sure of one thing, and you may be sure of it. The candidates have shown, by handing over greenbacks, that they have *paid* for the lectures, which they may have never heard; for dissections, which they may have never prosecuted; and for graduation, which they are sure to get. I know this picture of a first-class medical college is not the received one. I only know it to be true. Why! you are requiring Spartan virtue of men when you expect them to stickle about how much a man knows, when he has paid for what he expects to get, and when "putting him through" is the condition of getting to more pay for similar easy graduation. There is no doubt of it. Our medical colleges are run with one great object in view—to make money for the professors, and the competition between them is fierce, not as to the quality, but the quantity of the material they turn out.

When I mention these facts to the nabobs of the profession, I do not find them denied, but it is usually said, "Oh! yes; but the inferior men drop off, and if a man really sets about to learn something for himself, he must distance the ordinary run of new graduates in a short time." For the reasons gone over I believe this view to be all fiction. It is useless to expect the laity to inquire whether a man has had hospital experience, and has studied abroad. If the absurd "ethics" of the profession permitted a man to tell people his qualifications in public print, it would be different. This exclusion from advertising I deem sufficient answer to those who contend that medicine is no worse than any other business or profession, law perhaps excepted. What earthly objection is there to advertising? "Honor, dignity of the profession," says the great and wealthy Dr. Blank. Of course, Dr. Blank, you don't need it; but how about us poor devils? What reason is there for my not letting people know I have had special opportunity to study eye diseases, or fractures, or what not? We stand by, and let charlatans reap all the benefit of this great means of success. But why let medical colleges advertise?

SEVERAL prominent gentlemen of this city are actively interested in the founding of a school of Veterinary Medicine, to be located here. The preliminary arrangements are nearly all complete.

We quote below the concluding portion of a paper on "Instinct and Intelligence," contributed to the *Popular Science Monthly* by Prof. Le Conte:

#### THE ORIGIN OF INSTINCT.

The *old* theology disposes of the above question, as she does so many others, in the most summary way. According to her, instincts are not acquired or derived at all. They are miraculously given in perfection to the first individuals of the species, to each species its several kind. But this explanation cannot satisfy science. It simply places the question beyond her domain. To science nature is a continuous chain, and her mission is to recover every link. To her a true explanation of any phenomenon consists in connecting it with other phenomenon most nearly allied to it. A scientific explanation or theory of instinct must connect it with intelligence on the one hand and the lower phenomena of the nervous system on the other—must show how all these several capacities are evolved the one from the other—must bring them all under the universal law of evolution.

This, it is admitted, is no easy task. The wonderful instincts of some animals have always been regarded as one of the greatest objections to the theory of evolution. The origin of instinct is reckoned one of the hardest nuts for evolutionists to crack. The subject is indeed an obscure one, but recently some light begins to break. The task is indeed a hard one, but I believe we begin to understand in what direction, at least, we must work. The question is yet far from solved—we are yet in much perplexity, but I think we hold the thread which must eventually lead us out of this labyrinth. I have thought much for many years on this subject, and I now give you the views which have gradually grown up in my mind. Others, I observe, perhaps nearly all evolutionists, are thinking in much the same direction, but I have not yet seen any distinct presentation of the subject.

The movements of the animal body, you will remember, are divided into two great groups, the voluntary and the involuntary or reflex. But between these extremes there are undoubtedly many intermediate terms connecting them. Thus it is in all our science, and still more in our systematic teaching of science. Our distinctions are far more trenchant than the distinctions in nature. It must and ought to be so, for we must get firm hold of the types first, and then we are prepared to study the intermediate gradations. Of the intermediate terms in this case there are *two* which are quite distinct. Including the extremes, therefore, we have four kinds of animal movements:

1. *The perfect voluntary movements.*—These require the full, constant, and immediate exercise of the will; and, when the movement is complex, requiring in addition the whole

thought and attention fixed, often painfully fixed, on the movement. In this category are nearly all movements when accomplished for the first time.

2. *Habitual movements*.—These are *semi-volitional*. They are removed from thoughtful attention, from immediate and painful effort of the will. A general superintendence only of the will is necessary. When anything goes wrong the mind takes cognizance and corrects it by direct act of the will, and the movement falls, for the time being, into the first category; but otherwise the thoughts and attention may be directed to something else. These are, therefore, to some extent, automatic. Such are, in man at least, the movements in walking, swimming, speaking, playing on a musical instrument, etc. These were, in all cases, at first movements of the first kind, but fell into the second category by *repetition*. They are *acquired*, therefore, wholly by *individual experience*.

3. *Instinctive movements or acts*.—These are still farther removed from the category of the first group. They are *removed*, not only from thoughtful attention, but also *from individual experience*. If we compare them with habitual acts, they are *inherited habits*. They are evidently the result of *inherited brain-structure*, but they are not yet wholly removed from the sphere of consciousness and will. Such are the actions of bees and other insects already described.

4. Lastly, *Reflex movements*.—These are wholly automatic. They are wholly removed not only from thoughtful attention and individual experience, but also from consciousness and will. These are therefore the extreme type of movements determined with the greatest precision by inherited structure of the nervous centres. Such are the movements of the heart, the stomach, the intestines, etc.

Now, of these four kinds of acts, 1 and 2 and 3 are evidently formed the one from another, *i. e.*, 2 from 1 and 3 from 2. The fourth I cannot account for in a similar way, for it must have preceded all the others. And this convinces me that there is yet a higher philosophy on this subject which I have not reached.

#### FORMATION OF HABITS.

We are all familiar with this process. A movement or series of movements, at first painfully difficult, and requiring the whole thought and attention, by repetition become so easy and semi-automatic that attention is no longer necessary. The most remarkable examples of these, such as walking, speaking, and the like, probably belong partly to the third category; the capacity for these is partly inherited. Playing on a musical instrument is therefore a better example. We all know the painful attention necessary at first, and the ease and rapidity of the most complex move-

ments attained by practice. Now, by what means, anatomical or physiological, do these at first difficult movements become by repetition easy? The answer in general terms seems to be this: Every volitional act is attended with a change in the brain, which, however, is slight, liable to be effaced by subsequent changes, and therefore *evanescent*. If the same act, however, be repeated many times, the change becomes deep and *permanent*—becomes *petrified in brain-structure*; and this structure, whatever be its character or its seat, determines the appropriate acts with precision. It is as if every volitional act produced a faint line, liable to be erased, on the tablet of the brain; by running over the same lines many times, these are deepened into grooves and finally into *ruts*, and motion in these becomes easy and certain because the ruts guide the motion instead of the will. Thus repetition produces structure and structure determines habit.

#### FORMATION OF INSTINCTS.

The structure produced by repetition of voluntary acts, and which, as we have seen, determines habits, by the law of inheritance is transmitted in a slight degree to the next generation. I say in a *slight degree* only, because inheritance is from the whole line of ancestry and not from the immediate parents alone. The inheritance from the immediate parents is greater, it is true, than from any one of the series of previous generations, but infinitely less than the *sum* of inheritances from *all* previous generations. The structure may be regarded, therefore, as transmitted in an almost effaced condition. If the same acts are not repeated, the lines of structure are soon wholly effaced by new lines running across the tablet in all directions; but if they are repeated the same lines are deepened with greater ease and certainty than before; the structure becomes still more decided, the habit still more fixed. This more deeply-engraved structure is again partially transmitted to be again strengthened in the next generation—the engraved plate is retouched and the lines deepened. Thus with every generation the sum of inheritance becomes greater because from a greater number of preceding generations; with every generation the effacement by transmission is less, and the deepening by repetition is greater, until finally a highly-differentiated structure is formed, and *perfectly transmitted*—a structure with lines so deep as to determine the direction of conduct with the greatest certainty. *Then habit becomes instinct*. The individual no longer forms the structure, but inherits it ready formed. The actions are no longer learned by practice, they are already predetermined by the inherited structure.

We see illustrations of this process in the artificial formation—the deliberate manufac-

ture of instincts in domestic animals by human training and human selection. We know that the instincts of the pointer and the shepherd's dog have been formed in this way. The great ancestor of all the pointers, before he was a pointer, was trained with much coaxing and many beatings to do certain things. The result was doubtless anything but satisfactory. Still a habit was formed, and, as we must believe, a corresponding brain-structure. The pups of this dog were again trained, still with difficulty, but with less difficulty than before, because the habit structure was partially inherited. The best-trained of this generation are selected, and their pups again trained. The process is still easier, because the habit-structure is more completely inherited, and the result is more satisfactory, because the structure is more decided. Thus the improvement goes on from generation to generation, until finally, in the purest bloods, *i. e.*, those having the longest line of well-trained ancestry, without mixture with effacing bloods, little or no training at all is required; the habit-structure is almost perfectly transmitted. Perhaps in this case transmitted habit never becomes perfect instinct; probably the best-blooded pups still require training. But this is because the process has not been continued long enough, the breeding has not been true enough, and the selection careful enough.

Now, if pointers or shepherds' dogs should become wild, their instincts would quickly be destroyed by natural selection, because they are not useful, but, on the contrary, hurtful, in the wild state. But, suppose they were useful in the struggle for life, then the habit thus acquired would be transmitted, and become strengthened with every generation, until it would become as perfectly fixed and invariable as any, even the most perfect instinct.

Now, it is precisely in this way that the wonderful instincts of bees and ants and the wonderful instinctive coördination of muscles in ruminants and gallinaceous birds have been formed, except that in these cases *natural* training and *natural* selection have operated instead of *human* training and *human* selection. The great ancestor of all the bees, before the distinctive character of the bee yet existed, was doubtless destitute of the wonderful instincts which we now find. These have been gradually formed and improved from generation to generation through many hundred thousands of years.

It is difficult to imagine, much more to express, all the steps of this process. I will, therefore, illustrate it in the following manner: We have seen that wise conduct is a product of intelligence and experience. Evidently, therefore, great wisdom may be attained even with small intelligence, if only the experience be proportionally great. Wisdom increases with experience without limit, if only the plasticity

of the brain, or its capacity to receive and retain impressions, remain unimpaired. Now, suppose a number of the ancestors of the bees many hundred thousand years ago, before these specific instincts were developed; suppose, further, that these *individual insects had continued to live from that time to this*, and retained their brain-plasticity unimpaired. Even with the smallest modicum of intelligence, such instincts would, by experience, slowly improve their habits from year to year, from century to century, from millennium to millennium, until they would reach a surprising skill in accomplishing the most complex results. This would be *habit*, not instinct. The habit so long forming, so useful, and therefore so invariable, would of course be embodied in a very decided brain-structure. Now, precisely the same result is far more perfectly reached by the experience of many generations transmitted and accumulated by the law of inheritance. I say *more perfectly*, because of the natural selection of only the fittest in each generation.

Thus we see that instinctive wisdom is also the result of experience, but it is *ancestral*, and not individual experience. Individual experience is first fixed in habit, and then habit is transmitted and petrified in instinct. In a note published in the *Philosophical Magazine*, April, 1871, I speak of instinct as "*inherited experience*." I did not then know that I had been anticipated by a few months by Hering ("*Archives des Science*," February, 1871), who calls instinct "*inherited memory*." These are but different modes of expressing the same idea. Intelligence works by *individual experience* treasured in *memory*; instinct by *racial* or *communal experience* treasured in *inherited structure*. But memory is evidently the result of brain-structure formed by experience; therefore also is instinct *inherited memory*. Again, knowledge is remembered experience; therefore is instinct also *inherited knowledge*. Thus *experience*, *memory*, *knowledge*, things which seem to us so indissolubly connected with *individual identity*, are also sometimes inherited.

Thus, then, the sum of experience and the mental wealth which is accumulated by experience consists of two parts, individual and inherited. In man the *individual* acquisition is large, and the inheritance is comparatively small. In the lower animals the individual acquisition is small, while the inheritance is large. In bees the wealth is almost wholly inheritance.

We now easily see why intelligence varies inversely as instinct—why high intelligence seems incompatible with remarkable and invariable instinct. It is because, with high intelligence, actions are *so varied*, in different individuals and in different generations, that it is impossible that their results should accumulate and become petrified in structure. But, in the lower animals, the conditions of life are nar-



row, the habits necessary for successful struggle for life *run in few lines*, and these lines become deepened with every generation, until they become, as it were, petrified in brain-structure.

Instinct, therefore, is accumulated experience, or knowledge of many generations fixed permanently and petrified in brain-structure. All such petrification arrests development, because unadaptable to new conditions. They are found, therefore, only in classes and families *widely differentiated from the main stem of evolution*, from the lowest animals to man. Instincts are, indeed, the flower and fruit at the end of these widely-differentiated branches, but flowering and fruiting arrest onward growth.

Now, there is also a *social evolution*. The organic evolution, which found its term in man, is continued by man in social evolution. It is natural, therefore, to look for the corresponding phenomenon in the higher sphere of social evolution. I believe we find it in the phenomenon of *arrested civilizations*, of which nearly all barbarous and semi-civilized races are examples, but the Chinese and Japanese are the most conspicuous; and also, perhaps, to some extent, in the phenomenon of dead civilization, of which the Greek and Roman are the most conspicuous. Nations *isolated and breeding true*, *i. e.*, without mixture with other nations, gradually assume fixed customs and habits which become enforced, and therefore perpetuated by law, and finally *petrified in national character*. The result is often marvelous development, but extremely *limited*. Here, again, perfect flower and fruit destroy growth. Here again, also, it occurs in a type or branch widely differentiated from the main stem of social progress. This explains one of the advantages of cross-breeding, or mixing of varieties within certain limits of national varieties, if not of races.\* It confers plasticity; it prevents the formation of fixed national character, and the consequent arrest of progress by petrification.

Let us hope, then, that the growing tree of society will always remain an *excurrent*; that its terminal bud shall never fail, but always continue to grow. Its branches may flower, and fruit, and die, or cease to grow, but the trunk stretches ever upward and bears each successive flowering branch higher and still higher. Doubtless the ideal of humanity is that all right actions are spontaneously or instinctively performed, and all important truths intuitively or instinctively known; but this is and must be an unattainable ideal; for, this condition reached, how shall we any longer aspire?—the terminal bud flowering, how shall the tree continue to grow? Human nature

\* The effect of mixing varieties requires careful investigation, for it is yet very imperfectly understood. There seems little doubt, however, that there is a limit beyond which varieties do not mix with improvement.

must never petrify into instinct; inherited wealth must never supersede the necessity of individual acquirement.

## Home News.

IN MEMORIAM—TRIBUTE OF THE MEDICAL SOCIETY TO THE MEMORIES OF DRs. MARSHALL AND TANDY.—A meeting of the members of the medical profession, attended by nearly all of the prominent physicians of the city, was held, October 23d, at the Polytechnic building to do honor to the memory of the lately deceased Dr. Alex. Marshall and Dr. D. C. Tandy.

Dr. Thomas Kennard, president of the Medical Society, acted as chairman, and Dr. L. H. Laidley as secretary. At half-past 8 o'clock order was called, and Dr. Kennard, after announcing its object, delivered an eloquent eulogy upon the characters of the deceased members, both of whom he had known intimately.

On motion of Dr. Montgomery the chair appointed Drs. Montgomery, McPheeters and Moses a committee to draft resolutions relative to the death of Dr. Tandy, and Drs. Hurt, F. G. Porter, and J. M. Scott a committee to perform a like duty with relation to the death of Dr. Marshall.

While these committees were in conference, Drs. Hughes and Heacock made some remarks upon the exemplary character and abilities of Dr. Marshall, whom they had known well; with Dr. Tandy they had not been acquainted, but they knew well of him by reputation.

Dr. McPheeters reported a series of resolutions paying high tribute to Dr. Tandy, and tendering the sympathy of the Association to his bereaved family. Dr. McPheeters took occasion to say that he had known Dr. Tandy well, and could heartily indorse all that had been said in his praise.

The resolutions were adopted by a unanimous vote.

Dr. Dickinson delivered an address full of high encomiums of Dr. Tandy, saying that although he had known him long and intimately, he knew nothing whatever to his slightest detriment.

Dr. Isaiah Forbes having known both of the deceased members ever since they came to the city, said he could express no higher hope for the profession here than that all of its members would approach in their career the high moral standard of these.

Dr. Moses made a few remarks fully indorsing those of Dr. Forbes.

Dr. Hurt reported a series of resolutions of respect and sympathy in regard to the death of Dr. Marshall, and without remarks they were adopted by a unanimous vote.

The meeting then adjourned.



## St. Louis Clinical Record.

VOL. II.

DECEMBER, 1875.

NO. 9.

**Original Lectures.****LOCOMOTOR ATAXY; WITH REMARKS UPON A HITHERTO UNDEScribed TRANSIENT VARIETY.***A Clinical Lecture Delivered at the City Hospital.*BY P. GERVAIS ROBINSON, M. D.,  
Prof. of Clinical Medicine, etc., Missouri Medical College.*Gentlemen :—*

I desire, this morning, to recall to your minds, the patient, F—, whom I exhibited to you at our last clinic at the City Hospital, as well as to direct your earnest attention to the young man, Jno. K—, who, though a private patient, and under my care for something over a year, has kindly consented to come before you, that you may have the benefit of any instruction to be derived from the study of his case. I request you again to-day, as I did on a previous occasion, to use your eyes and to observe the manner in which this young man walks into the room, because his locomotion is decidedly peculiar and characteristic, and almost of itself sufficient for a diagnosis of his case. I perceive that many of you are ready with your answers, and would tell me that we have before us an example of that form of disease we call "locomotor ataxy." You are correct, but whether we shall add the prefix, "progressive," which is significant, and indicating the existence of a grave organic lesion, incurable in its nature and ever advancing, going on from bad to worse, remains to be seen from further investigation. I shall explain to you further on my reasons for believing that there may be at least two conditions of the "medulla spinalis," producing precisely the same disturbance of muscular coördination and locomotion—but that the one is a transient affection, curable by proper remedies, while the other is dependent upon a permanent organic lesion of the substance of the cord, truly progressive, and its prognosis necessarily bad.

The patient F—, whom you saw a few days since at the City Hospital, has been an

inmate of that institution, for somewhat more than a year. His history previous to that time is not known. He was found on the street in an insensible condition, and in that state conveyed to the hospital. On recovering his consciousness, after the lapse of some hours, he was found to be hemiplegic, completely so, upon the right side, the same side of the face and tongue being involved in the paralysis. After a time, remarkably short in so complete a paralysis, viz: three or four weeks, the loss of power began rapidly to diminish, and soon again he was upon his feet and hobbling about the ward. But to our surprise, in proportion as he regained strength in his limbs, he acquired a peculiar manner of locomotion, which soon became so conspicuous as to attract general attention.

On examination some months after the occurrence of the hemiplegic attack, it was found that the grip of the right hand was quite normal, and that no one who tried could bend or flex his right leg against his will, the patient being naturally a powerful man. The face had regained its normal expression and the tongue was protruded in a direct line, yet with all this recovery of his muscular power the patient could only walk a few paces without assistance, and this he accomplished in the following manner:

Desiring, for example, to cross the room, he would, by the assistance of a chair, or some other piece of furniture, balance himself with his back against the wall upon one side of the room; having steadied himself for some moments, and apparently taken as deliberate aim as he could at some object upon the other side, he would make a sudden rush for the desired goal. On raising either foot from the ground it would apparently be taken, by a jerking or spasmodic contraction, from his control and brought to the ground with a sudden and really violent shock, the heel invariably striking first, while he advanced rapidly with outspread arms to guard himself from falling upon his face. He was much better able to walk if he held the hand of another for guidance, though the peculiar movements of his legs were always to be observed.

You saw a few days since that this is still the characteristic feature of his case, though the disturbance of locomotion is not so marked as it was a year ago. Still he can not advance

more than a few paces without assistance and without danger of falling, so that he is obliged to catch hold of the furniture, etc. You saw also that he could not stand for a moment when we covered his eyes with a bandage, and that he must have fallen unless those of us nearest to him had supported him. You saw too that he could not button his shirt nor manage even the larger buttons of his coat, and we found on testing, that the sense of touch was greatly impaired in his hands and feet, fingers and toes, and while you saw, too, that his tongue and face presented no appearance whatever of paralysis, you heard that his articulation was bad, his tongue being jerked about irregularly and violently whenever he endeavored to speak. You will remember that those of you who were called upon to test his strength and to satisfy yourselves and others that there was no real paralysis, failed to extend or flex his leg against his will, and that his grip was sufficient to cause much pain. We could not discover that there was any impairment of his intellect, although one might at first suppose so from the difficulty he labors under of expressing himself. He was at one time exceedingly irritable and excitable, but in this respect he has much improved.

With regard to the young man, J. K——, who is before you to-day, we have the following history, in his own words and his own hand writing:

"I shall be twenty years of age on the twenty-second of December of the present year. I have enjoyed good health since my earliest remembrance. I was stricken with this disease when eleven or twelve years old. The only medium through which I perceived I had undergone a great change from my former condition was, my observation of the tottering gait I had assumed. It came on gradually, and without a sign or symptom indicative of anything extraordinarily unusual, as the result subsequently proved. For four years I remained unattended to; at length I resolved to see a physician, (the severe pains darting, apparently, through my legs and feet, the lower extremities generally, confirmed my resolution), and after seeing one, who pronounced my case 'partial paralysis,' and, together with electrifying me twice a week for six months, on a 'Jerome Kidder' battery, gave me tonics, such as iron, alternating with some mixture.

Those pains, though less severe, continued running through my body, lower extremities, for at least three or four years, at various intervals, until within the past year they have lessened in power gradually, and now they trouble me no longer. When walking I often lead others to the supposition that I am intoxicated. After dark my walking becomes aggravated, and I stagger worse than ever, but I notice particularly that on a moonlight night I get along much better. Damp, cloudy weather makes me walk unusually badly in daytime as well as at night, or rather after dark; also in very cold weather I cannot put my feet down as solidly, nor with as good precision as in warm weather. On walking along the streets, when the lamps are lighted, as I am at a distance from one gradually approaching another lamp—it being dark in the space between—on nearing the lamp toward which I am turned, there is a perceptible difference, for the better, in my gait. I have some difficulty in propelling myself along after dark. It seems that, to express it as properly as I can, I have to apply physical force to my will to enable myself to get ahead. I had been having, up to within about a year, nocturnal emissions for some three years, during which time they would sometimes come regularly, and again, at other times, they would come irregularly; but they would come in the daytime at intervals. They have not appeared for a year or more, nor do they trouble me now. My bowels have always, except in case of sickness, been in good order, and my urinary passages have been regular. The bad manipulation which has previously impeded the progress in my writing, has improved within the past year. I have some difficulty in speaking. Five or six years ago I perceived this difficulty; within the last two or three years I have improved greatly in this respect, but I do not speak very easily yet. I walk better now in daytime than I did a year ago, but no better after dark. My father, who was killed in battle, so far as I can ascertain, enjoyed good general health, but my mother died at an early age, thirty-two years, of 'galloping' consumption. Prior to her death she had suffered three or four months, previous to which time she enjoyed very good health generally. A sister is affected in like manner as myself.

Very respectfully,

J. K."

He has had some impairment of vision, (amblyopia), but his eye-sight is good again. His walk, as you readily perceive, is not precisely similar to that of the patient, Frank, of whom we have just spoken. This young man, indeed, walks as he says, somewhat like one intoxicated from alcohol, so much so that he has not unfrequently been supposed to be drunk upon the streets. His defective articulation, too, has given apparent confirmation to the supposition. He can not stand for a moment with his eyes closed. While walking he is obliged to fix his eyes upon the floor some paces in front of him, and turns around with great difficulty. He only succeeds in fastening the buttons of his clothing after long trial, and sometimes cannot succeed unless he has a mirror before him that he may see what he is doing. He seems to be a young man of good sense with unimpaired intellect.

Before making any remarks upon these two cases, or upon the nature of the disease itself, let me give you the histories of several others which have occurred in our clinics, that we may be able to compare their features and point out the characteristic symptoms which distinguish this affection:

#### CASE III.

Wm. H., an Irishman, in America eighteen years, aged thirty-two, was admitted into ward 36, bed 163, October 20, 1869. His regular occupation was that of a plasterer, but for the last two months has worked on west branch of North Missouri railroad. Is a single man. His family is healthy. His own health has been generally good, except that he has had an occasional cough in winter, and had gonorrhœa about three years ago. Was at one time a hard drinker.

This September he had malarial fever, and was confined to bed about three weeks. After convalescence his appetite was good, but he found himself very weak and nervous and unable to engage in any kind of labor. He returned to the city early in October, his nervousness steadily increasing. His locomotion then became gradually impaired so that, as he himself describes it, he walked like a drunken man, and those about him noticed a trembling and unsteadiness in his voice.

*Present condition.*—Intellect clear. Sleeps tolerably. No pain in any part of body; appetite good; thirst normal; bowels regular;

functions of kidneys and bladder appear to be normal; tongue clean; pulse normal; sexual appetite considerably diminished. Physical examination of chest negative.

As we approach his bed-side a general nervousness is noticeable and slight trembling of his voice when he speaks; when he is requested to assume any particular position, he acquiesces promptly, but with a certain amount of confusion in the execution and in the management of his muscles. He is evidently a little irritable and impatient, but is easily appeased.

There is no apparent loss of sensibility to touch or pain on the cutaneous surface, as he shows the average annoyance from pinching, etc., but when we come to examine more minutely with a pair of compasses, the nicety and discriminating faculty of the tactile sense is very perceptibly diminished, especially in the hands and feet, the fingers and toes, so that the points of the instrument must be quite separated before he can recognize both points applied simultaneously. I have been informed by Dr. Clark that on his admission into hospital, the contrary condition was well marked, or rather that he had considerable hyperæsthesia of the lower limbs, especially about the soles of the feet, where the anæsthesia is now most perceptible. On trying the strength of his muscles, as by an effort to extend or flex the leg against his will, or by the grasp of the hand we can appreciate no loss of power. As he lies in bed with his eyes open he readily makes any muscular effort desired; but on closing his eyes he can not bring the thumb of one hand in contact with that of the other without some hesitation and confusion. He walks easily by fixing his sight upon a seam in the floor or by looking at his feet, with a slight inclination to use his arms as a balance, but in closing his eyes while his heels are approximated he is altogether unable to advance, and if not supported would fall.

The patient was treated by tonics and belladonna, and from time to time was allowed a small quantity of alcoholic stimulant which seemed to be of some benefit.

Dec. 20, 1869—Is apparently much better, we met him in one of the corridors walking tolerably well and carrying a cup of water. His general appearance is much improved. On being desired to walk with closed eyes he succeeded beyond expectation, but on keeping

them closed for more than a quarter of a minute, the ataxy became apparent, he staggered and would have fallen if not supported. This patient soon after left the hospital and we lost sight of him.

#### CASE IV.

Oliver S., an Englishman, widower, merchant, was admitted into City Hospital, February 3, 1871. Parents were healthy. He himself generally well, though never stout; habits have been irregular, hard drinker and indulged to excess in venery. Began to fail about a year ago; sense of fatigue and loss of power in lower limbs; no numbness there. In November last these troubles increased and had rheumatic pains in knee joints with occasional lumbar pains. Now sought medical advice. Was attended by a physician of this city, and subsequently at clinic of a medical college. Treatment proving ineffectual, entered hospital at date above.

*Present condition.*—Tongue of natural appearance; appetite good; has diarrhoea; paralysis of sphincters ani and vesicæ, so that he can retain neither feces nor urine; urine dribbles away constantly or else is expelled by the act of coughing. In appearance and quantity it is normal. Now has occasional darting or shooting pains in lower limbs, and locomotor disturbance much increased; also general sensibility and tactile sense much impaired; legs somewhat atrophied, but so much muscular power is preserved that the patient resists successfully any effort to flex or extend them against his will. As he lies in bed upon his back, he can move his limbs about in any desired direction, provided he looks at them, but on closing his eyes he can, only after several trials, and then with uncertainty, put the heel of one foot upon the great toe of the other. When the skin upon the leg is pinched, he admits that it gives him pain, but he seems obliged to think whether it does or not. On putting the patient upon his feet he is absolutely unable to stand, with closed eyes, unless supported by assistants on either side; with his eyes open, he can do so only for a few moments. He is unable to walk even while looking at the ground or at his feet; on prevailing upon him to try, with a file of students on either side to guard against harm, he extends his arms like a balance pole for a start, and on raising his leg the limb seems immedi-

ately taken from his control, and being carried convulsively from side to side, is suddenly and with a jerk brought to the ground, the heel striking first and with great force. Two or three steps invariably throw him completely from his balance, and unless prevented by those around him, would inevitably bring him with great violence upon his face. There is partial immobility and numbness about the face and pharynx. Had strabismus and diplopia some time since. Percussion and auscultation of chest negative. Pulse regular.

This patient was treated with a variety of tonics, but was soon after removed from hospital and was lost sight of.

#### CASE V.

William C., aged forty-five, an Irishman, in St. Louis fourteen months, a farmer, admitted into hospital January 12, 1872. Has been generally healthy. Had chills and fever last August, which has continued to present time. Has been somewhat intemperate in his habits. At their commencement, attacks of fever came on regularly every day until apparently checked by remedies, but returned after the lapse of several weeks. About six weeks ago, he perceived a sensation of weakness and fatigue in his lower limbs, "as if they had gone to sleep," he said, with some difficulty in walking. This condition continued for two or three days; he then had a paroxysm of fever and on its subsidence the abnormal sensations passed off. Two weeks later he again experienced these feelings, which were soon followed by another attack of fever, the two simultaneously passing away for the second time. Shortly after this his digestion became deranged, he suffered from pain in the epigastrium with nausea, and later vomiting and loss of appetite. These troubles gradually subsided.

A few days before entering the hospital, he had some vertigo, which persists, and the abnormal sensations in the lower limbs returned without a recurrence of the fever. He had some dimness of vision shortly after the first attack of fever.

Condition, January 17, 1872—Sensibility of lower extremities is somewhat diminished, that is, the tactile sense as estimated by the compasses, while the sensibility to pain is not perceptibly diminished. There is no loss of power in either the extensor or flexor muscles. On requesting him to place the thumb of either

hand upon the point of his nose, while his eyes are closed, he succeeds only after considerable trying and confusion, as if he was uncertain where his nose is located, he is really obliged to search for the desired part.

On being desired to bring his two thumbs together he misses his aim by three or four inches. On attempting to walk he staggers and totters from side to side with his legs apart and his eyes fixed on the ground, his heels striking first. Has a sensation as though stepping on something soft. Finds it almost impossible to walk in the dark or with closed eyes. On bringing the feet together and closing his eyes his body sways from side to side and he soon loses his balance.

Pulse regular; temperature  $98\frac{1}{2}^{\circ}$ ; tongue clean, appetite improved, bowels constipated, micturates more frequently than natural, rises in night to pass urine. Has never had strabismus, no shooting nor other pains in limbs, no incontinence of urine, no spermatorrhoea, no spinal tenderness; sexual appetite unimpaired.

Some mild cathartic has been prescribed from time to time, and as there appeared to be malarial poisoning a tonic was given containing iron, quinia and strychnia. On February 4th the nitrate of silver was prescribed.

February 22.—The locomotor trouble seems much increased so that the incoördination is much more apparent. The vertigo still persists and is aggravated by closing the eyes. Patient finds great difficulty in buttoning his clothes and cannot carry a glass of water to his mouth without spilling. Complains of some difficulty in articulating. Completely recovered two years after date.

(To be concluded next month.)

## Original Communications.

### MODERN MIRACLES—A PSYCHOLOGICAL STUDY.

BY WM. B. HAZARD, M. D. BELLEVUE.

#### NUMBER II.

In the last number of the RECORD we gave an account of our observations upon a so-called "healer by laying-on of hands," and attempted an explanation of the process by which the supposed miraculous cures were wrought.

This instance is a peculiarly fortunate one, in that there can be no doubt of the honesty of the individual who is the active agent. In most cases which had heretofore come under our own observation, or of which we had heard or read accounts, there was an element of fraud or an appearance of dishonesty well calculated to turn away the honest searcher after truth. In the case of the St. Louis thaumaturgist this element was wanting, hence our interest was excited at once.

That the recoveries in his cases are genuine cannot be questioned, and we are disposed to think that his honest straight-forwardness has much to do with his success.

Believing that all physical, psychical and vital phenomena will one day be clearly recognized as coming under well-defined laws, and that there is nothing which occurs or which can occur within the limits of our cognition which cannot be classed under some general principle, we ventured to propose a mode of classification for these hitherto unconnected facts—or if connected—affiliated upon an unthinkable colligation of events—the supernatural.

The attempts which have been made to explain the phenomena in question have done but one thing: to assert the fact that there is nothing of the mysterious or inexplicable about them, to assert that they are to be referred to the effects of the imagination or the attention strongly directed toward a particular member or organ, or, by the more credulous they are referred to an occult force, animal magnetism, odic or telluric force. These explanations are faulty, in that they suppose a something which works in an unknown way, a something as mysterious in its *modus operandi* as the phenomena which they are supposed to make clear.

We shall now proceed to the examination of several of his cases, the particulars of which we have from the miracle worker himself. If a careful examination of these cases leads us to the same conclusions as those expressed in our former paper we may reasonably suppose that we are upon the right road, and that if our explanation is not the true one it is at least an approach in that direction.

The first instance in which his "powers of healing" were exercised occurred about ten years since. A man walked past his shop whose extreme pallor attracted his attention.

On inquiry he learned that three days before this man had had a tooth extracted, and that there had been a continuous oozing of blood from the socket; this had gone on until his strength was nearly exhausted. Our miracle worker, without any preconceived plan, told this man if he would come into his shop he would stop the flow of blood. "Drowning men catch at straws," and the sufferer came into the office and took a seat. The "healer" felt "as if he had made a fool of himself," but concluding he must do *something*, he placed his hand against the side of the jaw whence the hemorrhage proceeded, and held it there firmly for about five minutes, he then told his patient to spit, there was some blood in the matter ejected, he had him (the subject) rinse his mouth with cold water and repeated his external pressure, it was then found that the saliva was no longer tinged with blood, and this cessation of the bleeding continued. Of course, the man was grateful and made no little noise about the wonderful cure among his friends and acquaintances.

In a few days he had a call from some friend of his first-subject, who was relieved as soon and completely as the former. This was the foundation for an extensive practice among all ranks and conditions of men. For many years he refused to put a price upon his services, but took whatever the gratitude of his patients prompted them to give. Two years since he found that there were made such inroads upon his time as to seriously interfere with his calling, so since that time he has demanded an advance fee.

How shall we explain the arrest of hemorrhage in the case just narrated? We conceive that it comes under the class of phenomena usually known as that of modifications produced by directing the attention strongly in a particular direction. By direction of the attention is meant, that nerve force is directed toward a special point by a voluntary effort. The ordinary avenues of nervous energy are closed to a greater or less extent by an impression made from without. In the case in question the hand of the operator firmly applied was the incitor to this afflux of energy.

Some people have the power of moving the external ear by throwing the attollens and retrahens aurem muscles into action without moving the occipito frontalis. Now, it may

not be generally known that a majority of people can acquire this power by practice, aiding the voluntary efforts by touching the ear or pushing it slightly in the desired direction. After this training has been carried on for some time the nervous energy has made for itself a channel or road over which it passes without so much resistance.

The case related is obviously of the same sort. The patient *expected* the hemorrhage to cease. It had already progressed to such an extent that the force of the heart's action was greatly weakened and a slight impulse given to the vaso-motor (constrictor) nerves was sufficient to arrest the flow of blood.

The following case comes under our classification in another way.

Miss B. J., aged nineteen years, suffered for nine months from "spinal disease." She was totally unable to even raise her head from the pillow. She is of slight figure, tall, and of light complexion. She is intelligent, bright and vivacious, and her affliction was well calculated to excite the warmest sympathy of her friends and acquaintances. She had been treated without success by many physicians. As a *dernier resort* the "Professor" was called in. He went through his usual manipulations, ordered her to stand, held her by her hands, and after several attempts, succeeded in making her walk across the room. After two or three visits, to the astonishment of all, the "Professor" not excepted, she became able to walk and dance as well as others.

This was apparently a case of hysterical paralysis. The nervous energy was not evolved in sufficient quantity, or there was an infirmity of will which prevented its usual manifestations.

Why the nervous functions were in abeyance may well be questioned, but no answer can be given. Why it should be evolved under a special stimulus is no more inexplicable than that it should be evolved at all. It is evident that a special stimulus was necessary in this case, and we may well suppose that wonder and expectancy supplied this necessary element in the case under consideration without calling in the aid of a hypothetical *something* which cannot be understood. That nerve force may be very suddenly evolved in large quantity where there was no evidence of its pre-existence is fully demonstrated by the amount of

strength displayed by weak individuals under delirium or maniacal excitement, as well as in convulsions, however caused. The presence of latent or residual force, spoken of in our first paper, cannot be doubted. At all events, the force is present, and will be made evident by motion when the proper conditions are furnished.

A third case to be related is of another order. Mr. D., a prominent manufacturer, suffered for a long period from recurring attacks of acute rheumatism. These finally failed to return, but left him almost entirely helpless, so much so that when he was brought to "the Professor" he had to be carried into the office by two attendants. This case appeared so utterly hopeless that, if possible, "the Professor" would have refused to treat him. Several other patients present, awaiting each his turn to come under the mysterious operations of the unknown power, considering this would be a crucial test, insisted that Mr. D. should be first treated. Thus perforce obliged to try his powers on this unpromising case, our "Professor" took him into a private room alone, stripped him and made several "passes" over the affected joints and the region of the spine. He then told Mr. D., "You are no more sick than I am. Get up and walk about." Mr. D. did as he was ordered, put on his clothes and went out among those who were watching the result, and has been able to attend to his business unhindered by rheumatism or its consequences from that day to this.

A fourth case has a like significance. An old friend of "the Professor" sprained his ankle severely, he called upon a very excellent physician and surgeon for treatment, who advised the proper treatment, cooling lotions, bandaging and rest. What was his surprise a few days afterward to see his patient walking about the streets as if nothing had occurred. He learned that "the Professor" had seen the case and gone through with his usual procedures and ordered the patient to walk, which he had done and continued to do without pain or other inconvenience.

In the first of these cases the pathological processes had evidently ceased, and nothing remained but the remembrance of the pains excited or intensified by movements during the acute stage. Of course, disuse may have made the lines of least resistance to the passage

of nervous influence less free from resistance, and there may have been need of some more than ordinary impulse to initiate the passage of this energy over the paths so long disused; but the confidence in his own ability to perform acts of locomotion inspired by the decisive orders of his (as he supposed) mysteriously endowed physician was the main element in effecting the cure.

In the latter of the two cases given above, the injury could not have been so severe as was supposed by his first physician, who judged thereof by the amount of pain evinced by the patient on passive movement and the degree of swelling present. The amount of pain felt by an individual after the infliction of an injury of a given degree of intensity varies with the general condition of the person at the time as well as it varies in different persons under the same general conditions. The physician can only judge of the degree of injury in a certain case from the manifestations of pain by his knowledge of the state of his patient and known idiosyncracies. It follows that in a case seen for the first time, a great degree of uncertainty must attach to all his judgments until opportunity is afforded for him to acquire a degree of certitude regarding the constitution and peculiarities of his patient.

Again the same facts apply to the phenomenon of swelling after injury; this varies not only with the amount of injury, but with the general or special state of the individual as well as with the kind of injury inflicted.

Thus it is readily perceived that the injury may well have appeared to be severe and apparently have required absolute rest as an essential part of rational treatment and still have been really so slight that the confident following out of the orders of the "layer on of hands" could do no harm but have been of real benefit by abridging his period of forced inaction, and thus preventing the advent of a certain degree of stiffness and loss of function seen to follow such desuetude.

We shall pass over without further remark many cases of the relief of muscular pains, the so-called cases of hip-joint disease (either not cases of morbus coxarius, or those in which the morbid condition had entirely passed away) and those of spermatorrhœa and external swellings, (cancers(?) etc.), and shall consider but one more morbid condition, or

rather class of conditions, paralysis from brain-lesion :

Mrs. X., aged sixty, had been unable to walk without crutches for several years. After several "treatments" she was able to walk with the help of a stick only. The improvement was very gradual and recovery was not by any means complete. Her condition is, however, vastly improved upon that present before the manipulations of our "miracle worker."

It is plain that there must be left some sound nervous tissue after even very great cerebral lesions. If there were none left in its normal condition, it would necessarily follow that the vital processes would cease and death ensue.

The marked improvement which follows localized electrization of paralyzed muscles proves beyond a doubt that the uninjured fibres and cells of partially destroyed nervous structures are able to perform not only all their former function, but also, to a certain degree, perform a vicarious function for those parts which are entirely rendered useless.

Thus we see, for example, cases of paraplegia in which the functions of certain sets of muscles or single muscles recover all their former integrity, which presupposes a return of function in the central nervous system controlling them as well as in the conducting fibres which convey the nervous energy to them. These same muscles and those of the unparalyzed portion of the limb, having more work to perform, receive a more liberal blood supply, and they increase in size and strength beyond even their normal state. With increased action there must be of necessity an increase in the nervous supply, and therefore of the nervous structure sending out this supply.

Now, in the case in question, by the exercise of the power of attention (as before explained, an increased afflux of nervous energy directed toward the part) under the influence of the emotions aroused by a mental conception of something mysterious and wonderful about to occur, an increased supply of nervous energy was directed over the long time disused and partially obstructed routes and increased power of movement was the natural result. In the aged these and similar changes occur with greater difficulty than in the formative periods of life. Hence the invitation to the nerve

force to manifest or discharge itself over these abandoned routes had to be repeated many times before these tracts became paths of least resistance. That the improvement did not terminate in full recovery, is what we had a right to expect; the railway track may be free from obstruction, but if there is no rolling stock nor any machine shops to manufacture new engines and carriages, no use will be made of the road, however fine may be its condition; in an analogous way the nerve cells, the centers of force, being destroyed, the white fibres are useless for the future, no matter how well their integrity may be preserved.

But it is found that when the nerve center is irreparably injured that the fibres soon undergo fatty degeneration and are never redeveloped whatever stimulus may be applied to them. Therefore a real miracle, such as we read of in the Ancient writings, would be the only means of restoring to its pristine integrity the arm palsied by brain lesion, our feeble modern imitations can never compete with them in this respect until we shall have discovered some method of regenerating the ultimate ganglionic nerve cell.

If we have aided in dispelling, to any degree whatever, any half-way faith in the supernatural powers of the modern "faith doctor" and his congeners, the clairvoyant, the astrologer and the animal magnetic healer, our task has proved as fruitful of good results as we could reasonably expect.

3117 Clark avenue, St. Louis.

### ON SUDDEN DEATH FROM CHRONIC ALCOHOLISM.

BY JNO. M. KEATING, M. D.,

Attending Physician to the Philadelphia Hospital, etc.

In reviewing my note book I came across notes of two cases with post mortem examinations, which I deem of sufficient interest to put upon record, presenting, as they do, instances of an occurrence by no means rare, and involving other questions of medico-legal significance.

Both cases occurred in hospital practice, and in one the question arose as to how much importance should be attached to the suspicion of accidental poisoning.

A. B—, aged thirty years, female, was brought to the hospital in a "van" from the



police station. She had been for two days confined to a cell, previous to which she had been drinking, as was her wont, excessively. Upon admission she was sent to the medical ward much against her will, as she declared herself perfectly well, requiring nothing but a few days of generous diet to be fully restored. Her feet and hands were somewhat puffy and her face had also a bloated appearance. I find no note of an examination of the urine.

She was seen that evening by the resident physician, who, after the usual investigation, concluded that nothing was required but rest and food, but ordered, as a placebo, to quiet some remaining nervousness, forty grains of bromide of potassium. The night nurse says she slept well, once or twice seemed rather restless, but complained of no pain, on the contrary, when questioned, expressed herself as fully recovered from the effects of her sojourn in the station house and from its cause.

Early the following morning, (about six o'clock), when the day nurse came on duty, our patient asked for some sewing, saying that she was "quite well" and wished to be discharged that day. The nurse stepped into the office adjoining to get the work, and upon her return in a few moments, found the patient dead. A post mortem, made five hours after death, revealed the following state of affairs:

The body was well nourished, slightly oedematous in some parts, and somewhat jaundiced. The lungs were perfectly healthy; there was no effusion in pleural sacks. The heart was *firmly contracted*, of normal size, and to all appearances healthy; there was no pericardial effusion. The liver was fatty, weighed ten and three-fourth pounds. The kidneys were each found to be double the normal size and weight, and were much congested. There was much fat accumulated about the abdominal viscera. I regret that no microscopic examinations were made. I did not see the case myself, the notes as I give them were kindly given me by the resident physician on duty.

The other case was as follows:

Rose —, aged twenty-three, a strong, healthy, Irish woman, who had been an assistant nurse in the surgical ward, in which she had previously entered with a fracture, was admitted to the hospital about two p. m., Oct. 26th, 1873. When she entered she had almost entirely recovered from a prolonged "spree,"

and declared herself perfectly willing and able to resume her old duties in the house at once. As she had been accustomed, from the time of her admittance as a patient, to chloral taking, she was ordered, by one of the physicians, twenty grains of chloral, to be taken at once, and told to go to bed and not to begin work till next day. Failing to procure the sleep she desired, she sent for another doctor, who, ignorant of her previous treatment, gave a tablespoonful of the official liq. morphine sulph. About five o'clock p. m. a noise was heard as of one falling down the staircase. Our patient was found lying head downward, her arms bent under her, showing that no resistance had been made to the fall, and that she was probably unconscious at the time of falling. She was picked up, gasped once or twice, was much cyanosed, and died in a few seconds. A post mortem was made early next morning, at which I assisted, and the following notes were taken:

Bruise on forehead over right temple and one also on occipital protuberance, caused by fall; no fracture of skull. Membranes of brain much congested; no effusions. Sinuses full of dark blood. *Heart firmly contracted*; the right ventricle contained a small teaspoonful of fluid blood. Liver enlarged and fatty; kidneys somewhat larger than normal and much congested; lungs congested, but normal, no clots; medulla oblongata healthy. There was no fracture of cervical vertebræ. The heart of this case was preserved for a few days in a solution and was sent to the hospital microscopist, Dr. R. M. Bertolet, for examination, who reported as follows:

"The primitive bundles of muscular tissue of the heart contain numerous small highly refractive fat granules. They are most abundant around the nuclei. The transverse striations are very imperfectly marked, at times no traces of them remaining." But as the arrest of the heart in systole was not in accordance with the great degree of fatty degeneration found, it was presumed that the change had, to some degree, been post mortem, or that by mistake of some sort the label had been misplaced to a jar containing a specimen of fatty heart.

Can the sudden death in this case be attributed to the drugs used? It is an acknowledged fact that small and quickly repeated

doses of chloral have been fatal in just such a manner as was seen in the case above.\* Patients having had administered to them chloral in this way, without producing any hypnotic effects, have been known to die suddenly upon the least exertion; and the dose given has not always been a large one.† Chloral, as has been lately shown by Bernard,‡ is a hypnotic and not an anæsthetic, it resembles opium in this respect, but it kills by paralyzing the vaso-motor centres, and death from it is made sudden by accumulation.

The fact of our patient having shortly before taken a dose of chloral, justly gave cause to doubt a verdict of natural death, particularly as the administration of the drug had been entrusted to a nurse who, when questioned, had forgotten exactly how much of the solution she had given. The suddenness of death, the intense visceral congestion all pointed to one cause, and the case was lectured upon by a distinguished therapist as one of chloral poisoning, and recorded as such in the hospital book. But though the post mortem seemed to sustain us in our belief, one link was missing, and to this I wish to refer particularly in this paper, as the turning point, to convince us of our error of diagnosis. The heart was *firmly contracted*. If vaso-motor paralysis is the immediate cause of death, the heart, of all organs, should be the one to feel its influence. To illustrate this more forcibly, for it is a fact well worthy of notice, I shall relate the following trial as corroborative evidence in favor of this assertion:

To a large-sized bull terrier, at nine o'clock a. m., I gave a tablespoonful (sixty grains) of chloral solution.

9:5—The dog became partially blind, was paraplegic, dragged himself around the floor; restless and uneasy; bumping against every obstacle, not having sight enough to avoid them.

9:8—Lying on side breathing stertorously, limbs perfectly relaxed, pupils dilated, pulse 150—160.

9:14—Pulse 136, intermits every third beat.

9:16—Apparently dead, respiration ceased, femoral pulse absent, no heart movements can be felt.

9:18—Femoral pulse returned, beating about 200, a few convulsive gasps; animal dead.

*Post mortem*.—Heart enormously dilated with blood, the left cavities with arterial, the right with venous. No effusion in any serous sack. No congestions of viscera to any great degree, except lungs.

But still further proof have we against chloral poisoning in this case. Compare it to case No. 1, in which no chloral was given.

The modes of death were identical, the autopsies revealed the same result. The morphia elements in this case may cause comment, but it may be answered that, according to Bernard,\* opium but increases the action of chloral, intensifies it, and post mortems in animals to which they have been given conjointly, show the same result as is seen when they are given separately.

We are told by Gscheidlen (cited by H. C. Wood†) that morphia at first stimulates and finally depresses the vaso-motor system, also that death occurs from opium usually, by its direct action upon the respiratory centers, from the fact that the breathing of dogs and rabbits is affected equally when the pneumogastrics are cut as when they are entire. The morphia, then, in our case, should have united with the chloral to cause cardiac arrest in diastole, if the action was toxic in any degree.

Chloral in small doses at first increases arterial tension‡ by stimulating the vaso-motor system, large, or toxic, doses|| diminish it by a contrary action, by vaso-motor paralysis or by direct action on the heart. It is also said to act on the respiratory center in the same manner.§ I think then that we may safely conclude that death in the case we have just studied was not influenced by the chloral used. How then can we account for it? In syncope, which, according to Bonchut,¶ is rarely fatal, the heart has been found to contain clots showing a diastolic arrest. Latham tells us of sudden death from what he calls "spasm of heart," but with a diastolic arrest. There is more properly in such cases a paralysis, but not a "spasm." He attributes it to the first attack of angina pectoris.

\* Bernard on Anæsthetics, &c., Paris.

† *Loc. cit.*

‡ American Journal of Insanity, July, 1871.

|| American Jour. Med. Sciences, April, 1870.

§ Wood's Therapeutics, page 280.

¶ Path. Generale, Paris, page 1037.

\* Wood's Therapeutics, article on chloral.

† *Loc. cit.*

‡ Bernard on Anæsthetics and Anæsthesia, Paris, '75.

Be this as it may, whether in angina pectoris there is a true spasm, but like epilepsy, correcting itself by an overcharge of the retained carbonic acid in the blood, and thus rarely causing death, or whether in cases of fatty heart a positive contraction (systole) cannot take place, and death is made instantaneous by the stoppage of circulation, the immediate cause of death is still a subject for much discussion. I cannot say how such cases can be explained, for a careful non-microscopic examination showed no lesion at the base of the brain, where we would most naturally look for one; it seems to leave but one plausible theory, which is, that in a heart of healthy structure a true spasm or contraction may take place, probably through the influence of the circulation of morbid blood, and death made sudden, as in the cases whose histories I have given, where all the eliminating organs were found in an advanced state of disease.

We learn of localized vaso-motor spasm, and even general contraction is familiar to us under the name of "chill," where vitiated blood, from miasmatic or other causes, irritates the vaso-motor center. Why can we not have a cardiac spasm, from either central or ganglionic irritation, when, thorough degeneration of the organs of elimination prevents their safety-valve action, which we usually see following irritations in healthy cases? I think in this manner we can explain the sudden deaths in station houses so often occurring. An habitual drinker is exposed to severe weather, and through a reflex action from surface chilling, vaso-motor spasm becomes a cause of death. If the heart be fatty, diastolic arrest will be brought about; if it be healthy, systolic contraction will result, in either case suddenly checking the onward flow of blood.

In Taylor's Jurisprudence I find the following: "Some pathologists have described a singular condition of this organ (the heart) under which the person dies suddenly after experiencing nausea, vertigo, and fainting. In such cases the parietes of the heart have been found only preternaturally flaccid and its cavities empty. This has been called by Mr. Chevalier, idiopathic asphyxia, and others have termed it syncopal asphyxia. It does not appear to be very common, for very little is known concerning it, or on what the cause of death really depends."

I have thought these cases worth recording in a medico-legal point of view, to show that, though poisoning may seem proven by circumstantial evidence in many cases, corroborated by a hasty post mortem, a careful examination may reveal a condition totally the reverse from what we suspect. A critical examination of the condition of the heart in cases of sudden death, may throw more light on this obscure subject.

## Extracts and Abstracts.

**TREATMENT OF ACUTE RHEUMATISM BY TINCTURE OF THE PERCHLORIDE OF IRON.**—Dr. J. Russell Reynolds, Professor of Medicine in University College, London, presented to the British Medical Association (*Brit. Med. Jour.*, Oct. 2, 1875) at its late meeting an interesting paper on this subject. He began by referring to a paper on the same subject which he presented to the Association in 1869, and then said "The facts which I then recorded were such as to induce me to continue the mode of treatment which I then described, and I wish now to lay before you some further results of that mode of dealing with the disease in question.

You will allow me to remind you that the possibility of relieving acute rheumatism by the tincture of perchloride of iron was suggested to my mind by observing the rapid arrest of certain other 'spreading' inflammations—such as erysipelas, diphtheroid, and hepatic sore throats—by the administration of this drug; and that I stated at the time, and wish now to repeat the statement, that, in my judgment, the cases that I could then bring before you, and those which I can now submit to your consideration, are not sufficiently numerous to establish a therapeutic position; but that they are, so far as I can see, sufficiently significant to warrant a further trial of a mode of treatment which is certainly better than that which Warren said was all he knew of that was good for rheumatism, viz., six weeks.

In the front of this paper I wish to state, that very many cases that have been under my care, both in hospital and in private practice, but of which I have no sufficient notes, have left upon my mind the strong conviction that those which I am able to bring before you under-rate rather than over-rate the value of the mode of treatment that I have suggested. This I am convinced is the case especially with regard to the time of the relief afforded to spontaneous pain.

The treatment has been generally the administration of the tincture of perchloride of iron, in doses varying from 15 minims to a drachm

every four hours, with or without 20 to 30 minims of glycerine and spirits of chloroform. No patient has complained of any discomfort of any kind which could be referred to the medicine.

The facts which I have to submit to you have been gathered by my very able clinical assistant in University College Hospital, Mr. Voelcker, from the case-books of Sir William Jenner, Dr. Wilson Fox, and myself. The cases are sixty-five in number, all treated by iron, and the general results are as follows: Hyperpyrexia occurred in 3 cases; was fatal in 2, relieved in 1 on the seventeenth day. A normal temperature was observed throughout in 2 cases; 1 presenting friction sound and systolic apex murmur, probably old. No heart-affection was observed in 27 of 52 cases. The joint-affection was severe in 18, of medium intensity in 16, and but slight in 5. The severity of the disease, as judged of by the temperature before the commencement of the iron treatment, may be represented thus, generally, that in 37 of 52 cases it was at or above 102° Fahr.

Analyzing these cases more minutely, I find the following results:

1. With regard to the date on which the temperature became normal after the commencement of treatment, that in 20 of 57 cases the normal condition was reached on or before the fifth day, in 26, *i. e.*, in 45 per cent., before the end of the first week; in 15, between the fifth and tenth day, *i. e.*, in 35 cases, or 61 per cent., before the tenth day; in 15, between the tenth and twentieth days; *i. e.*, in 50 cases of 57, before the end of the third week. The most important point to notice here is, that in 36 per cent. the temperature was normal on or before the fifth day after the commencement of iron treatment.

2. The date of the disappearance of all pain may be shown thus: In 2 cases on the second day, in 3 on the third, in 6 on the fourth, and in 4 on the fifth, that is to say that in 15 of 57 cases (22 per cent.) all pain had gone by the fifth day; in 14 other cases, the pain had ceased after the sixth and before the tenth day. This gives 29 of 57 cases, more than 50 per cent., free from pain on or before the tenth day. And further, 22 cases found relief between the tenth and twentieth days; *i. e.*, 51 of 57 cases were relieved of all pain within twenty days. Here, again, the principal point of interest is the earliness of the date upon which pain disappeared in a considerable number of cases.

3. The relation between the severity of the disease, as judged of by temperature elevation, and its duration after the iron was administered, may be thus exhibited in 52 cases: Under 101° Fahr. of 15 cases, the temperature became normal in 7 during the first week, in 5 during the second week; at 102°, and between 101° and 102° of 19 cases, the temper-

ature became normal in 11 during the first week, in 2 during the second week, and in 9 during the third and fourth weeks. In 14 cases when the temperature was 103° at the commencement of treatment, 4 convalesced in the first week, 4 in the second, 5 in the third, and 1 in the fourth. Of 4 cases in which the temperature was 104° when the iron was first given, 2 presented a normal heat in the second week, and 2 others in the third.

The result of this examination may be most correctly exhibited by dividing the cases into two groups, those in the first having a temperature ranging from 99° to 101°, those in the second group varying from above 101° to 104°. Of the first group, 15 in number, 46 per cent. convalesced during the first week; of the second group, 37 in number, 40 per cent. attained a normal temperature within the same period. It is obvious from these facts, that the duration of fever after the administration of iron was not determined, and but slightly affected (6 per cent.) by the degree of fever which had been previously attained. In other words, it was in severe as well as in moderate and mild cases, that the beneficial effects of treatment might be observed.

4. The degree to which the condition of the heart affected the duration of fever in cases of acute rheumatism, may be shown in 55 cases; thus, in 21 cases the heart was healthy throughout, and of these, 16 convalesced within five days, and 6 between the fifth and tenth days; whereas, of 31 cases with endocarditis, pericarditis, or the two combined, but 9 reached a normal temperature on or before the fifth day, and 6 between the fifth and tenth days. Further, of those 21 cases in which the heart was healthy, one only presented an abnormal temperature beyond the second week; while of those 31 in whom heart disease existed, 16 remained feverish beyond that period. Representing these facts by calculations per cent., they stand thus: that when there was no cardiac affection the temperature was normal before the tenth day in 76 per cent., and when there was heart disease only 22 per cent. convalesced during that period. It may be interesting further to know, that of these 52 cases, 16 presented endocarditis alone, 7 pericarditis alone, and 8 endopericarditis.

From this it is obvious, that the presence of cardiac affection protracted the duration of the fever, and, *pro tanto*, diminished the beneficial action of the drug.

5. The influence of the severity of the joint affection upon the duration of the abnormal temperature may be exhibited in 39 cases. In 18 the severity was great, in 16 medium, and in 5 inconsiderable. Of the 18 severe cases the temperature became normal within the fifth day in 4, between the fifth and tenth days in 5, between the tenth and fifteenth in 4, and between the fifteenth and twentieth in another

4; and, in one case, it was not reduced to 98.4 until the thirtieth day. In 21 cases of medium or slight severity, the temperature was normal in 7 before the fifth day, in 8 between the fifth and tenth days, in 3 between the tenth and nineteenth days; in 2 medium cases it remained elevated until the twentieth day; and, in one mild case, the fever continued until the thirtieth day.

Representing these facts by percentage, they show that in severe cases the temperature became normal before the tenth day in 50 per cent.; and that it was normal in moderate and slight cases in 71 per cent. by the same date. Or, separating those of a medium severity from those of but slight joint affection, we find the temperature normal before the tenth day in extreme cases in 50 per cent., in moderate cases in 68 per cent., in mild cases in 80 per cent. Remembering that, as a rule, endo and pericarditis are more frequently found in cases of severe than of but slight joint affection, the facts that I have stated cannot, I think, be referred to the mere chapter of accidents. I do not remember to have seen under other modes of treatment one half of the cases of severe acute rheumatism, presenting a normal temperature within fifteen days from the commencement of treatment.

6. The length of the persistence of pyrexia after the commencement of treatment by iron in relation to the day from the attack at which such treatment was begun, is somewhat curious. No case was treated before the third day of the attack; and of those which were treated within the first week, 23 in number, 10 presented a normal temperature before the seventh day, 8 before the end of the second week, 1 in the third week, and 4 in the fourth. Of those, 15 whose treatment did not commence until the second week from the date of attack, 5 presented a normal temperature within seven days, whereas abnormal heat remained in 8 until eight and twelve days from the administration of the iron. It is interesting to note that in two cases, each of whom had suffered for longer than three weeks before the medicine was given, this temperature became normal in one on the second day, and in another on the third. Of 45 individuals, including extreme cases, the mean duration of fever after giving iron was eleven days; and this was so in each of two groups, one of 25 in whom the treatment was commenced before the seventh day, and in the other, of 20 cases who had undergone no treatment until after that date. The point of importance lies in the fact that, although when treated within the first week, 43 per cent. presented a normal temperature within seven days, and that when the treatment was not commenced until the second week, 33 per cent. lost their fever during the same period, it is not warrantable to conclude that the date at which the case was taken into hand

alone determined the duration of the malady, for in two cases which had resisted other treatment for a period of three weeks, relief followed the administration of iron, and the temperature became normal within three days.

The relation between the number of attacks which the patients have suffered, and the duration of abnormal temperature may be thus shown in 55 cases; 29 were in their first attack, and of these, 13 lost all fever within the first week; 9 within the first five days; 19 were in their second attack, and of these 7 were of normal heat within six days; 6 were in their third attack, and of these 3 presented a normal temperature within five days. Or, putting it another way, of those who were in their first attack, 44 per cent. were convalescent within the first week, while of those who suffered in their second, third, or fourth attack, 43 per cent. recovered within the same period.

It is obvious from these facts that so far as iron treatment is concerned, it is a matter of indifference whether the patient be suffering in a first, second, or third attack.

In several cases I have observed a remarkable diminution in the frequency of the pulse at and after the time at which the temperature has become normal; thus it has been as low as 40, 30, and even 28, but regular in rhythm and force, and the patients have made no complaint of pain or faintness.

I have purposely stated the facts already in my possession, in a bold manner, and have avoided all theory with regard to the treating, that at some future meeting of this Association I may be able so to increase their number as to be able positively to answer the question as to the utility of treating acute rheumatism in the manner I have described."—*Monthly Abstract of Medical Sciences.*

THE ACTUAL CAUTERY; ITS USES AND POWERS.—Dr. C. E. Brown-Séquard read a paper on this subject before the Suffolk District Medical Society (*Boston Medical and Surgical Journal*, Sept. 30, 1875). He said that the importance of the actual cautery as a curative agent had never been fully appreciated, and suggested that its employment had been greatly restricted by the very natural objections of the patients. In the last century this treatment was vehemently decried, owing to the suffering inflicted, the theory being that the more intense the pain the greater was the effect. It is a fallacy, however, that the influence of counter-irritation is transmitted by the nerves of feeling. Apparently insignificant irritation, devoid of pain, may produce powerful reflex explosions; for instance, worms in the bowels may cause convulsions, epilepsy, paralysis, or even insanity. Certain nerves exist, by the irritation of which changes of nutrition may be induced. In guinea-pigs an epileptic attack may be brought on by simply tickling the neck.

The human species may be as susceptible as animals. Dr. Brown-Séguard had once ventured to excite epileptic attacks in two male patients, and by that means was led to a mode of treatment by which they were cured; the irritation was not even felt in either instance.

The extent to which the actual cautery may be employed is greatly increased when we realize that the effect is not proportionate to the intensity of the pain, but often the reverse. He had discovered this fact in the years 1848 and 1849, after experimenting in M. Rayer's wards at the Charité Hospital, in Paris, on the different modes of applying the heated iron. He ascertained that the application of an intensely hot metallic cautery, in such a way as to cause very little pain, was of much more service than any painful counter irritation, the only novelty in the operation being the almost entire freedom from suffering.

Jobert de Lamballe and Valleix have gone too far in extolling the use of the cautery, when they state that they have never known the actual cautery to fail in neuralgia; they surely must have lost sight of many patients. Dr. Brown-Séguard said he had had many bad cases of neuralgia to treat, both recent and chronic, and, though they were not all on record, he was sure that the results would show seven or eight cures in every ten cases.

He had, by means of the cautery, obtained great relief in every case, and often a complete arrest of the intense pain in the chest that accompanies pericarditis, although in no instance had the effect been permanent. One patient was relieved for a whole year after the application of the iron; the pain then recurred, but was again exorcised by the same treatment, and has not been felt since.

In sclerosis of the posterior columns of the cord—locomotor ataxy—he had invariably seen a cessation, or at least a diminution, of the attacks of pain from the employment of the cautery, *loco dolenti*, even when the pain had been of the most intense, lancinating character.

The actual cautery is of great use for that variety of pain in the head which is not of inflammatory nature, but is probably due to congestion of the membranes, especially of the dura mater; the pain is described as a bursting sensation, a mental torpor and dullness, a burning, or at times a cutting, and is common in this country. The places at which the iron should be applied are between the shoulder-blades, or on the top of the head. The effect is a contraction of the bloodvessels by reflex action. In three cases in which this method was employed, the eye was watched, and it was found that the pupil behaved as it does when the cervical sympathetic nerve is galvanized, that is to say, the pupil is invariably dilated. But no change was detected in the temperature

of the face and ear with an ordinary thermometer.

In cases of sunstroke, Dr. Brown-Séguard had found the hot irons very serviceable.

Charcot has shown that in Pott's disease the actual cautery is more efficient than any other treatment; he has made several autopsies in cases of patients who were cured of paraplegia by the cautery; in one of these he found the cord reduced to one-tenth of its normal calibre, yet sensation and voluntary movement had been almost entirely restored; the deaths had ensued from some intercurrent affection. Dr. Brown-Séguard's practice confirmed Charcot's estimate of the value of this treatment in Pott's disease.

The use of the cautery in inflammatory disease of the joints is known to be most beneficial.

The cures claimed to have been effected in general paralysis of the insane have been called in question, yet he firmly believed in the possibility of a cure, provided the morbid alterations, not only of the brain proper, but of the medulla oblongata and of the spinal cord, had not advanced too far. Disease does not necessarily arrest the functions of the brain; far from this, destruction of a considerable portion of one or both hemispheres may take place with very little if any disturbance of functions. In a number of cases of the so-called general paralysis of the insane the most satisfactory results had been obtained from the heated iron, and in two instances—one being that of a physician of New York—cures were effected that promise to be permanent.

There is a morbid state in which the power of the actual cautery is especially great: it is coma. In several cases of apoplectic coma, in some of which the life of the patient was recognized by the stertorous breathing to be in imminent peril, Dr. Brown-Séguard had succeeded in restoring mental activity and re-establishing a normal respiration by applying the heated iron to the head. Some of these patients were manifestly saved from impending death. One of them died two years after having been so saved, and several survived many months.

In chorea the actual cautery may be very useful. He had effected a permanent cure by this method within a week, in one case which had resisted all ordinary means of treatment.

The cautery is very powerful in epilepsy, especially when the disease is due to a blow upon the head, or is caused by congestion or inflammation of the membranes of the brain. Dr. Brown-Séguard took the opportunity to say that those cases of epilepsy that depend upon organic lesions of the cerebral meninges, or of the brain itself, were by far more amenable to this or some other means of treatment than the cases in which no organic lesion of any part of the nervous system existed.

In summing up the cases of organic or functional disease in which the actual cautery is of service, Dr. Brown-Séquard mentioned pain in any region, but especially neuralgia; congestion or inflammation in the brain, the spinal cord, the lungs, the heart, and other viscera; serous effusion into the joints, the pericardium, and the pleura; paralysis agitans; neuroses, especially epilepsy.

The rule to be followed in determining the place of application is to choose that part of the skin which is nearest to the pain. In locomotor ataxy the sensation is referred to the periphery, consequently apply the iron there. This rule is not absolute, as has been seen in the remarks about congestion of the head. In locomotor ataxy apply the iron to the lower limbs, at the spot where the pain is felt, or over muscles attacked with cramp. In cases, however, of myelitis or of spinal meningitis associated with congestion or inflammation of the fibrous tissue uniting the vertebræ, the best place of application is over the tender spots of the spine. Graves pointed out, many years ago, the importance of making counter-irritation on the lower limbs in paraplegia. In Pott's disease, on the contrary, the application should be made close to the vertebræ.

No special instrument need be used; if the poker is resorted to it should not be applied over a large surface or pressed hard, if it is desired to avoid giving pain. Lines and occasionally points should be made rapidly. The outer layers of the skin are dried up, and fall off after a few days. No sore or scar remains, so that there is no danger of disfiguring the face, or any other part. The most convenient instrument is one consisting of a steel or platinum bulb about the shape of an olive but much smaller. To act safely in a cavity like the mouth, or on a restricted part of the skin, a very small steel bulb. Before allowing time for the latter to become heated, it is applied to the part of the skin or mucous membrane which is to be burned, and the heated shaft pushed down upon the part and immediately withdrawn. This contrivance is so safe that it can be used inside the mouth, about the ear, or on the eyelids in neuralgia.

The minimum of pain is obtained with white heat, because the outer layer of the integument is destroyed immediately, and radiation does not take place beyond it, the dried-up cutaneous tissue serving as a screen.

As regards the frequency of the application, it necessarily varies greatly. In cases of neuralgia five or six lines are to be made three or four times, at intervals of two or three days. A single application is usually sufficient to allay the pain of locomotor ataxy. This treatment must be repeated many times for inflammations or serous effusions, especially when chronic. In neuritis the method may have to be persisted in for years.—*Ibid.*

**METHODS OF RENDERING THE FEMALE URINARY BLADDER ACCESSIBLE, AND ON PROBING THE URETER IN WOMAN.**—Professor Simon, of Heidelberg, enlarges upon and explains his methods, first communicated to the public by his pupil, Wildt, in the *Archives of Clinical Surgery* (v. 18, p. 167).

The methods heretofore pursued are (a) bloodless dilatation of the urethra, (b) urethrotomy, (c) vagino-vesical section, (d) vestibular section, and (e) the suprapubic stone operation. The first and third methods will probably alone survive for removal of stone and effective local treatment in other diseases. In the first method, gradual will have to yield to rapid dilatation.

The proposed exploratory method consists of three acts, viz: the slitting of the urethral orifice, the dilatation of the urethra itself by plug-shaped specula, and the subsequent bimanual digital palpation of the bladder. It is called bloodless, because, although small splits are made at the edge of the orifice, the dilatation of the urethra itself is accomplished without loss of blood.

Two lateral incisions of  $\frac{1}{4}$  ctm. are made in the upper margin, and one downward of  $\frac{1}{2}$  ctm. in depth. If needful the stretched tissue is easily split further by using speculum or finger as conductor. In consequence, the finger penetrates more deeply: that is from  $\frac{1}{4}$  to  $\frac{1}{2}$  of a centimetre, to which extent the urethra has been shortened. Incontinence does not result, as the muscular fibres are undivided. This slitting is done best with scissors. In the second act, the smooth plugs are far preferable to the wrinkled finger. They are made of hard rubber, cut off straight at the point, and shutting with a rounded mandrin. Seven sizes are used: the smallest  $\frac{1}{4}$ , the largest 2 centimetres in diameter. They are also specula. After them follows the finger.

On passing the forefinger, (for which no rotary motion (Heath) is requisite), the middle finger of the same hand is introduced into the vagina; and the two advanced until the margin of the urethro-vaginal septum presses against the digital commissure. The middle finger, if doubled into the hand, will impinge upon the labia, and advance will be retarded by one centimetre. The vesical apex is then pressed against the exploring finger, with the other hand. Its inverted mucous surface is thus directly explored by the finger.

Dilatation may be effected with plugs of 1.9 to 2 centimetres in diameter (6 to 6.3 in circumference) without danger of resulting incontinence in adults. The operator's finger measures at base not quite 6 centimetres in circumference (1.8 in diameter). By the side of this, in three instances, he has introduced spoons and fingers into the bladder—the stems lying in the urethra next to the finger. The circumference was thus increased to 6.5 and



6.8, and in changed positions it amounted to, at the most, 7 centimetres. In girls, 4.7 to 6.3 centimetres in circumference, are the measures inside of which the surgeon should confine himself.

The Professor states that after convincing himself of the perfect safety of the performance, he did not think it wrong to make the exploration in such women as volunteered for the purpose; and that he has practiced digital palpation in over sixty cases in Heidelberg during the last two years and a half. The profession at large will hardly assent to the propriety of such expedients in any case when entirely needless.

Vesico-vaginal section is performed by making a *transverse* incision, 3 ctm. in length, into the anterior vault of the vagina, one-fourth to one-half ctm. in front of the anterior lip of the os uteri. By this means the bladder is *introverted through the incision into the vagina, and even into the vulva itself*. Occasionally the opening was made T shaped, by a second incision carried at right angles toward the urethra. Introversion was effected by a fine double hook, inserted into the vesical mucous lining, with conjoined pressure from above. Hemorrhage is stopped by torsion or ligature. The bladder is thus made so completely accessible, that the most complicated and difficult operations are performed with as much facility as if on the surface of the body.

Subjoined are the indications for the operation, space forbidding the author's comments on each:

1. Diseases of the mucous membrane requiring diagnosis. 2. Stones and foreign bodies, (diagnosis and extraction). 3. Cauterization for inveterate vesical catarrh. 4. Urethral fissures. 5. In kolpo-kleisis with defect of vesico-vaginal septum. 6. Diagnosis of seat and extent of growths and tumors in that septum. 7. Extirpation of tumors (especially papillomata) from vesical membrane. 8. Discovery, extraction or excision of renal calculi, from the vesical part of the ureter. 9. Opening of hæmatometra, when puncture is impossible or too dangerous between the bladder and rectum. 10. Cure of colo-vesical or entero-vesical fistula, by cauterizing the vesical orifice of the fistula.

Subjoined are the indications for kolpo-cystotomy: 1. Large stones with great sensibility of bladder. 2. Production of direct escape of urine, in inveterate vesical catarrh, with ulcerations of mucous lining. 3. Extirpation of tumors and excrescences, situated so high in the lateral parts of the bladder, that they cannot be made directly accessible through the dilated urethra alone. 4. Cure of colo-vesical or entero-vesical fistulæ, incurable by cauterization after urethral dilatation.

*The probing and catheterization of the ureter from the bladder, after the dilatation of the*

urethra described above, is a procedure the credit of which Professor Simon can alone claim. At the risk of unduly prolonging this abstract, we give the *ipsissima verba* of the translation:

"After the urethra is dilated in the above-described way, we search for the ligamentum interuretericum with the finger. This ligament is about one inch from the sharply-marked internal orifice of the urethra; in the middle it is usually so little prominent that it can only be distinguished by experienced explorers. Around the orifice of the ureter, which is one-half to three-quarters of an inch away from the middle of this ligament, the muscular coat of the ureter, which ends in the interureteric ligament, forms a kind of a pad, and is easy to distinguish. The orifices on these pads are very thin slits, and, since they have only very narrow edges of mucous membrane, they are imperceptible to the touch. On account of this, the third act, viz., the introduction of the probe, is rendered more difficult. In order to effect it we must fix the "*Harnleiterwulst*" (the vesical fold where the orifice lies) with the finger in that region where the orifice must be situated, and then push the head of the probe, which lies close to the side of the finger, toward this region in the direction of the ligamentum interuretericum from the inside and below upward and outward. The handle of the instrument must be led to the opposite side and at the same time be raised up against the arcus pubis, in order that the head of it may not glide off from the very steep trigonum. By slightly pushing we try to introduce the head of the probe into the orifice of the ureter. If the probe does not go into the orifice, it will be arrested by the walls of the bladder; but if it enters, it can easily be pushed on in an upward and outward direction. The inlying finger tells whether the probe has remained in the *cavum vesicæ*, or whether it has really entered into the orifice. In the latter case, we feel the probe covered by mucous membrane for a few centimetres, and we can feel the borders of the orifice all around the probe. If we wish to sound the pelvis of the kidney, we have only to push the probe on in a lateral direction until at a height of seven to eight centimetres, and we strike the brim of the true pelvis (*linea innominata*). Now it becomes necessary to move the handle of the probe to the inner face of the thigh of that side on which the ureter is probed, and to incline it so that the inner end of it is placed parallel to the vertebral column, and the head directed more toward the anterior abdominal coverings. In this direction the probe advances very readily into the upper end of the ureter and the pelvis of the kidney. If the catheter has been used instead of the probe, the urine will now ooze out drop by drop, or sometimes it will spurt out in



a stream at intervals of a half to one minute."

The probe and catheter used are as thick as common fistula probes, and are 25 centimetres in length. The handles are movable, and fastened with a screw to aid in lengthening or shortening them. The metal used in their construction should not be too flexible. Elastic instruments are proscribed. The probes are more easy of introduction than catheters.

The process may prove useful in nephro-lithiasis, and in diagnosis of unilateral renal disease, being an improvement upon the method of Tuchmann, of London.

The Professor has now employed this method in about twenty-four cases.—*Chicago Medical Journal and Examiner*.

**ESMARCH'S BLOODLESS METHOD.**—Mr. James Spence, in his recent able Address in Surgery before the British Medical Association (*British Med. Journal*, Aug. 14, 1875), presented the following estimate of Esmarch's method:

The method of Esmarch, though another example of a great improvement in carrying out a principle, can only be looked upon as a revival, not as new. The principle was clearly enunciated by the late Sir Charles Bell, and the mode of carrying it out by bandaging the limb from below, and then rapidly screwing tight the tourniquet, is described when discussing the value of the tourniquet in amputations, in his *Great Operations of Surgery*. But it is not in amputation that the method is most useful or seen to most advantage; and hence it had generally fallen into disuse. The method of Esmarch, by using the India-rubber roller to expel the blood from the part of the limb, to be operated on, and the strong India-rubber tubing to constrict the limb, and act as a compressor, effects the object in view perfectly, and hence enables us to see the parts on which we operate as in a dissection, and prevents all loss of blood during the operation. It is a most valuable assistance to us in such operations as those for necrosis and resections of bones and excisions of joints. In many cases of removal of large sequestra, or resections of the shaft of a bone especially, we can, by stuffing the wound with oiled lint, and applying a compress and bandaging the limb before removing the circular compressor, render the operation absolutely bloodless. In excision of joints, where we require to tie arteries after the operation, I prefer the tourniquet to the India-rubber as a circular compressor. It is equally effective in restraining bleeding; and, by loosening or tightening the screw, the vessels can be secured with less loss of blood than when the India-rubber is employed. Indeed, in many amputations, whilst the incisions are completed bloodlessly by Esmarch's method, the sudden and general oozing from the cut surfaces which follows relaxation of the India-rubber entails more loss

of blood eventually than when the tourniquet alone is used. I have repeatedly amputated at the thigh and at the hip-joint, using only the tourniquet or manual compression, with the loss of not more than three or four ounces of blood; and in one case of primary amputation of the hip in the country by candle-light, in which I had the blood carefully collected from the tiled floor, as there seemed to be a large clot, I found, to my astonishment, that it barely amounted to half a teacupful. In many cases of amputation, owing to the septic state of the tissues, or the malignant nature of the disease for which we are operating, I consider it inadvisable to repress the blood and other fluids, such as unhealthy pus or cancer-juices, into the parts above. In such cases I draw a band of India-rubber tubing, pressing on the limb from above downward, and tighten it immediately above the part to be removed. This, of course, saves no blood to the patient; but it renders the operation bloodless in another sense, and is especially useful in private practice, as avoiding soiling of the floor or furniture. In cases of excisions of joints, where the parts are loaded with pus, I constrict above and below the point to be operated on, and thus secure a nearly bloodless operation without risk of repressing the unhealthy fluids into the textures higher up. I cannot see the advantage of the Esmarch method in such operations as ligature of the femoral artery. I have had frequent occasion to perform operations of that kind, and also of seeing them performed by others; but it is rare to see any bleeding; and I think it better that the artery and vein should be left in their natural condition, that the operator may see and deal with them. An empty and collapsed vein would, I think, run greater risk of being injured than when seen full, its natural relation to the artery. I make these exceptions, because I think that this form of bloodless surgery is liable to suffer from its indiscriminate use, and from over-laudation; but I have already said that I consider it a most valuable aid in proper cases, and it seems as if it were revived now with special relation to the progress of conservative surgery.—*Monthly Abstract of Medical Sciences*.

**HAMMOCK SYSTEM IN CARS.**—Actual experiment in England has demonstrated the great advantages of the hammock system of conveying invalids by railway. It is proposed to extend the benefits of the hammock system to the general traveling public, thus reducing the discomfort of railway travel to the minimum.

**SYRUP OF SALICYLIC ACID:—**

R Salicylic acid,	3ss.
Oil of sweet almonds,	3x.
Gum Arabic,	3x.
Syrup of almonds,	3xij.
Orange-flower water,	3xij. .

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., } Editors.  
ALEX. B. SHAW, M. D., }

St. Louis, Mo., - - - December, 1875.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

## Editorial.

### STATE MEDICAL BOARDS.

Nearly all of the States in the Union have been led, one after another, to adopt measures looking towards better sanitary regulations within their respective confines, and the protection of their citizens against the arts and devices of ignorant charlatans and pretenders. In furtherance of these ends, State Boards of Health and Examining Boards have been created, and so far as we can learn, the commonwealths that have had the foresight to take the initiative in this direction, have no cause to regret their actions.

It is a matter of considerable surprise that the State of Missouri, represented by more than the average of medical ability, should exhibit such a culpable amount of apathy in a question which so nearly touches its most vital interests.

A short time since the Legislature passed a very absurd bill, requiring every one engaged in the practice of medicine within the State, to pay to the County Clerk of the county where the practitioner resided, one dollar, with the privilege of being recorded as physicians. After a certain date, however, it was made obligatory upon the person seeking registration to present, in addition to the *sine qua non*, (the dollar), a diploma; it was immaterial as to the source of that document, be it homœopathic, eclectic, clairvoyant or hygienic, so it was a diploma. This enactment seems to have been made with particular reference to county clerks, and not with any intention of benefiting the profession or the people at large. Such

was the beginning and the end of the State's interest in the medical welfare of its people.

No one assumes that a diploma is, in any way, a guarantee of a man's professional qualifications; in fact, this conviction is so general, both in and out of our ranks, that few persons stop to inquire the name and standing of a physician's *alma mater*, or even to ascertain if he ever graduated at all. Therefore, the present law is a dead letter, in as far as its usefulness is concerned, and certainly fails of its probable intent, because it is founded upon the very false assumption that a diploma-holder is of necessity a competent practitioner.

There is a remedy, however, to be found for this state of affairs in the erection of State Boards of Examination, whose duty it should be to pass upon the fitness of individuals desirous of engaging in the practice of medicine and surgery, the decisions being based upon their actual knowledge, as evidenced by thorough and impartial examinations; their medical degrees being entirely ignored.

Dr. M. Campbell, President of the West Virginia Medical Association, urges, in his annual address, that some such measure should be adopted in that State, and anticipates certain objections that have been occasionally made elsewhere. He says:

"In no point of view, can valid objections be made to such a law as we propose. And least of all, should a graduate object to its provisions, since, if his diploma is indeed any indication of capacity, he has all the less reason to fear the ordeal, whilst at the same time it shuts the door against unworthy competitors.

The objection urged against such an enactment as we have indicated by homœopaths, eclectics and other sects as bearing unfairly on them, are alike groundless, since it is intended not to hamper individual *views of practice*, but to insure requisite scientific attainments. An individual's views or course of practice, no matter what they are, cannot alter the grand underlying principles of our art. A man may call himself a homœopath, hydropath, or what not, but he cannot, by mere word or dogma, change the number, position or function of any organ in his body. There can be no question as to what is true anatomy, or as to the fundamental principles of histology, physiology, chemistry and other sciences intimately con-

nected with medicine. That there is no dispute on these points is manifest from the fact that in all the homœopathic and eclectic colleges in this country, they use text books written by regular physicians of our school, on anatomy, physiology, histology, pathology, gynæcology and generally, also, on midwifery and surgery."

In addition to a State Board of Examiners, there should be likewise established, a Board of Health, which should have a general supervision of the sanitary affairs of the entire State. The examining board and the health board could be either distinct or united bodies, or, as has been found expedient in other parts of the country, both of these functions could be vested in the State Medical Association. This latter plan, we believe, would offer some very advantageous features, not to be attained in any other way. Investing the State Association with official powers would add greatly to its dignity and importance, and thereby augment its usefulness by increasing the respect paid to it both in and out the profession. By this means, also, examining boards and boards of health, more especially the former, could be rendered to a great degree non-partizan, by being chosen out of a purely medical body by the representatives of the whole profession.

It is high time that we awake to the importance of taking decisive and definite steps in these matters, and we should not lose a moment in placing ourselves in the van of medical reform.

H.

#### ANNOUNCEMENT.

With the January number of the *RECORD*, we shall incorporate a special department for the consideration of chemical and pharmaceutical questions, which we trust to make a permanent and attractive feature of this journal. We have long had this object in view, believing that, in competent hands, a judicious presentation and discussion of these subjects would prove of common benefit to the physicians and pharmacists among our readers. There is a community of interests and aims, both scientific and practical, between the earnest workers in the two professions, and these reciprocal objects and obligations can be best appreciated in the manner we have proposed.

We shall endeavor to present, in these particular columns, only such pharmaceutical facts as will be most required by the physician, and only such medical questions as will have a direct bearing upon practical pharmacy.

The other departments of the *RECORD* will suffer no change.

We have pleasure in announcing that Mr. J. M. Good, Professor of Pharmacy in the St. Louis College of Pharmacy, will conduct this branch of the journal, which statement is sufficient guarantee that the task will be performed ably and well.

H.

**SALICYLIC ACID** can be very conveniently given in the doses of ten and fifteen grains by enveloping the powder in wafers or the "cachets de pain." We have administered, in this way, fifteen-grain doses for two or three weeks without causing any disturbance whatever, and, at the same time, producing very notable reduction of temperature.

#### Book Notices and Reviews.

**A MANUAL OF MINOR SURGERY AND BANDAGING.** By Christopher Heath, F. R. C. S., Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London, etc., etc. Fifth edition. Philadelphia: Lindsay & Blakiston, 1875. For sale at the book stores.

The sort of topics considered in this work will at once suggest themselves to any one at all acquainted with medical phraseology. It consists of 308 pages, well printed on excellent paper, and is embellished with eighty-six illustrations, which conduce, in a remarkable degree, to the elucidation of the descriptions of the appearances of fractures, dislocations, etc., and the various appliances used in surgery. We do not hesitate in saying that every medical student should supply himself with Heath's *Manual of Minor Surgery*, for its brevity and clearness of description, with its copious illustration by means of cuts, will greatly facilitate the comprehension of the lectures on surgery, and further, in this little book he will find points mentioned which are not usually noticed in the larger works on surgery.

We would heartily recommend this book also to practitioners who are anxious to gain a knowledge of the smaller details of surgery, which, after all, tend greatly to the success of not only surgical, but medical practice; and particularly is it adapted to the wants of those who may not have had the advantage of residing for a time within the walls of a hospital.

**TRANSACTIONS OF THE MEDICAL AND SURGICAL FACULTY OF MARYLAND**, at its seventy-seventh annual session, held at Baltimore, Md., April, 1875. Baltimore: Turnbull Brothers. 1875.

This volume contains, besides the minutes of the seventy-seventh session and reports of the various officers and committees, an annual oration by Joseph M. Toner, M. D., entitled, "Contribution to the Medical History and Physical Geography of Maryland," and the following reports and papers: Report on surgery, by Thomas R. Brown, M. D.; report of section on obstetrics and gynecology, by Wm. T. Howard, M. D.; report of section on materia medica, by R. McSherry, M. D.; report of section on anatomy and physiology, etc., by W. C. Kroman, M. D.; surgical cases in foreign hospital practice, by G. H. Boyland, A. M., M. D.; the contagium particles of the eruptive contagious fevers, their nature and mode of action, by I. E. Atkinson, M. D.; Tinnitus Aurium, a consideration of the causes upon which it depends and an attempt to explain its production in accordance with physical principals, by Sam'l Theobald, M. D.; on altitude and climate in the treatment of pulmonary phthisis, by W. Gleitsmann, M. D.; importance of the galvanic current in electrotherapeutics, by F. T. Miles, M. D.; digitalis in cardiac disease, by S. C. Chew, M. D.; treatment of paralysed muscles by elastic relaxation, by John Van Bibber, M. D.

**THE PHYSICIANS' VISITING LIST, FOR 1876.**

Twenty-fifth year of publication. Philadelphia: Lindsay & Blakiston. For sale by all the book stores.

This is the twenty-fifth year of publication of this general favorite. It contains, besides various blanks of as much service to the physician as the visiting list: Monthly memoranda, addresses of patients and others, accounts asked for, obstetric engagements, record of births, deaths, etc., an almanac, table of signs, Marshall Hall's ready method in asphyxia, poisons and their antidotes, and table for calculating the period of utero-gestation.

So largely is this book used that we deem it sufficient to announce that the edition for 1876 is now ready.

**STATISTICS OF MORTALITY FROM PULMONARY PHTHISIS IN THE UNITED STATES AND EUROPE.**

Compiled from official health reports and from data obtained from life insurance companies. By William Gleitsman, M. D., of Baltimore, Md.

Much valuable information of a statistical sort is contained in this little book of fifty-three pages. It will prove of great value to insurance companies and others interested in this department of inquiry.

**BOOKS AND PAMPHLETS RECEIVED.**

**TRANSACTIONS of the Medical Society of West Virginia.** Wheeling: 1875.

**CHOLERA EPIDEMIC OF 1873, IN THE UNITED STATES.** Washington: Government Printing Office, 1875.

**ABORTION; ITS CAUSE AND TREATMENT.** By Walter Coles, M. D. St. Louis: A. B. Converse, 1875.

**COMPULSORY VACCINATION.** By E. L. Griffin, M. D., of Fond du Lac, Wis. Reprint from Transactions of Wisconsin State Medical Society, 1875.

**TRANSACTIONS of the Medical Society of the State of Pennsylvania at its twenty-second annual session, held at Pottsville, Pa., June 1875.** Volume X, part II. Published by the society.

**HINTS IN THE OBSTETRIC PROCEDURE.** By Wm. B. Atkinson, M. D., Physician to the department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia. Collins, printer, 705 Jayne street. Philadelphia: 1875.

**TINNITUS AURIUM, or Noises in the Ears.** Second edition, with cases by Laurence Turnbull, Ph. G., M. D., Physician to the department of Diseases of the Eye and Ear, Howard Hospital, Philadelphia, etc., etc. Philadelphia: J. B. Lippincott & Co. 1875.

**A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS.** By Frank Hastings Hamilton, A. M., M. D., LL. D., Surgeon to Bellevue Hospital, etc., etc. Fifth edition, revised and enlarged, illustrated with three hundred and forty-four wood cuts. Philadelphia: Henry C. Lea. 1875.


**REPORTS of sixteen cases of cataract operations,** by B. Joy Jeffries, M. D., of Boston, Ophthalmic Surgeon to the Massachusetts Eye and Ear Infirmary, the Carney Hospital and the New England Hospital for Women and Children. Reprint from Boston *Medical and Surgical Journal*, Nov. 4, 1875.

**LECTURES ON SYPHILIS, and on some forms of local disease affecting principally the organs of generation.** By Henry Lee, Professor of Surgery at the Royal College of Surgeons of England, Surgeon to St. George's Hospital, etc., etc. Philadelphia: Henry C. Lee, 1875. Pages 246. St. Louis Book & News Co.

**TREATISE on human physiology, designed for the use of students and practitioners of medicine.** By John C. Dalton, M. D., Pro-

fessor of Physiology and Hygiene in the College of Physicians and Surgeons, New York, member of the New York Academy of Medicine, etc., etc. Sixth edition, revised and enlarged, with three hundred and sixteen illustrations.

### Miscellaneous Notes.

 **SUBSCRIBE** for the ST. LOUIS CLINICAL RECORD. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

**SAFES.**—We would call the attention of such of our readers as may be in need of a fire and burglar proof safe, to the advertisement of G. V. Halliday & Co. Frequent improvements have been made on the Macneale & Urban safes, of which the latest is the addition of a triple flange (seven inches thick) door, with inside bolt work and hinged cap which removes the lock and bolts five and a half inches away from the burglar's attack, making the door stronger than the old style double flange safe doors with lock and bolts placed just behind the outside plate. The fact that twenty-five of our banks in this city use safes made by the above firm evidences the superiority of their work.

**DR. A. L. KNIGHT**, in the opening address before the West Virginia Medical Society, stated that Mason county, in that State, had been, for the period of seventy years, exclusively in the hands of the regular profession, and furthermore declared that never in the history of the county's development has an irregular practitioner, for any length of time, been supported or countenanced by its respectable citizens.

**MEDICAL CATALOGUES.**—We call the attention of physicians and students to the new catalogues of Messrs. Henry C. Lea & Co., and Lindsay & Blakiston, of Philadelphia, and D. Appleton & Co., of New York. These catalogues contain all the new and most important publications of both American and European authors. By their perusal it will be found what advances are made in the profession. They will be furnished upon application.

**DIPLOMAS FROM STATE SOCIETIES.**—Not long since we noticed the granting of "diplomas" by the New Jersey State Medical Society, after due examination of candidates. We observe that a similar course maintains in the State Society of Maryland. In the "Transactions,"

as published, it is announced that "diplomas" had been issued to Henry W. Owings, Andrew Hartman and George W. Wayson, they having passed the Board of Examiners and paid the usual fee of ten dollars.—*Pacific Medical Journal*.

We have received the first number of the *American Journal of Microscopy and Popular Science*, published in New York, 50 cents per annum. This is the only magazine in this country devoted especially to the microscope, although one or two others have in the past enjoyed a brief existence. This journal appears to be practical, and will no doubt prove of service both to the beginner and the more advanced microscopist. The extremely low subscription price puts it within the reach of all.

Professor Bouillaud, of Paris, now nearly eighty years of age, has applied for a pension. He has taught in the Faculty for forty years, and has published about a dozen works of importance, while, if his various academical and other discourses were collected, they would fill at least twenty volumes. His powers, vigor, vivacity and eloquence have shown wonderful endurance, for even now he is one of the most attractive and effective speakers at the academies, and those who have heard him in quite recent debates have found him as brilliant as ever.

**A HEAVY DOSE OF MERCURY.**—"A few days ago," says the Gilroy (Cal.) *Advocate*, "Mrs. Anna Babb's little boy drank a pound of quicksilver. The child is less than three years old, and even in California is considered rather young to indulge in so strong a beverage. He found the mercury-bottle in some rubbish in an old trunk, while playing, and drank the whole, leaving but a few drops. The physician was sent for, who administered some light remedy. The child gave no other indication of having taken the mercury than drowsiness. The metal did not all leave the stomach for ten days, but he was about all the time, and is now as bright as ever."—*Philad. Medical Times*.—*N. Y. Med. Jour*.

**CHINESE MEDICAL LITERATURE.**—A foreign exchange states that the Chinese recognize many varieties of disease, founding them on principles not altogether different from our own, depending especially on the supposed causes, characteristic features, or imagined relation to viscera. They apply the same form of classification to many diseases, and are especially fond of adopting the division founded on the five senses, or on the five viscera which they enumerate—five different forms of small-pox, corresponding to these five viscera. The medical works are most voluminous. It is the custom to state whatever any previous writer

has said on the subject, and, in addition, to give the views of the writer himself, no attempt being made to point out the errors of preceding writers or to sift the true from the false.—*Med. and Surg. Reporter.*

**INSANITY IN AUSTRALIA.**—Australian statistics show that insanity of a violent kind prevails to a frightful extent on that continent, especially in South Australia, with its population of 200,000. In 1861 there were 161 inmates of asylums in that part of Australia, being 1 to 750 inhabitants. In 1870 they numbered 307, and at the close of 1871 there were as many as 324, or 1 to 524 of the population. These figures do not represent the entire list of the insane, but include only madmen and other inmates of the asylums. The cause of this great prevalence of insanity can only be surmised, as no authoritative explanation of it is given. Dr. Patterson, Director of the Insane Asylum at Adelaide, does not think that alcohol is the principal cause. One explanation is that it is produced by the weakening effects of the climate, and by the restless, anxious lives led by the English colonists, who are often made mad by repeated failure in business.—*Lippincott's Magazine.*

Dr. CHEYNE and Dr. Winter were the two principal physicians at Bath, but adopted very opposite modes of practice; the former gave some credence to his prescription of milk-diet by making it the principal article of his own sustenance. On this occasion, Winter wrote him the following stanzas:

"Tell me from whom, fat-headed Scot,  
Thou didst thy system learn:  
From Hippocrates thou hast it not,  
Nor Celsus, nor Pitcairn.  
Suppose we own that milk is good,  
And say the same of grass—  
The one for babes and calves is food,  
The other for an ass.  
Doctor, one new prescription try,  
(A friend's advice forgive),  
Eat grass, reduce thyself, and die,  
Thy patients then may live."

Dr. Cheyne's answer:

"My system, Doctor, 's all my own,  
No teacher I pretend;  
My blunders hurt myself alone,  
But yours your dearest friend.  
Were you to milk and straw confined,  
Thrice happy might you be;  
Perhaps you might regain your mind,  
And from your wit get free.  
I can't your kind prescription try,  
But heartily forgive;  
'Tis natural you should bid me die  
That you yourself may live."

—*British Medical Journal.*

**A FRENCH VIEW OF GERMAN SCIENCE.**—An amusing example of the manner in which (in marked contrast with the behavior of some of their *confrères*) many French medical writers import the national distrusts of the Germans in political affairs into the domain of science is to be found in the current number of the *Revue de Therapeutique*, in which the writer, after an

talitv among the French wounded during the last war over that of their opponents, passes on to laugh at the devotion of German *savants* to minute microscopical research. The anonymous contributor points to the discovery of bacteria and micrococci in the blood of specific fevers as an example of this microscopical zeal, which, he says, led the Germans to create the etiology of "microzoitics" and to cultivate a "bacteticidal" therapeutics; and then he passes on to show how all these "lucubrations of the laboratory" have been rudely dispelled by the results of experiments showing that bacteria are the products, and not the consequences, of the morbid processes; and he avers that it is certain that "our learned *confrères* pervert the use of an instrument which has hitherto done nothing (*sic*) to advance practical medicine; more than once—*e.g.*, as regards bacteria—it has led into error." We hardly think, however, that impartial readers are likely to be convinced of the inutility of microscopical research, or of the worthlessness of the able researches of German observers, by these sweeping assertions of an anonymous French writer.—*Lancet.*—*Nashville Journal of Medicine and Surgery.*

THE International Medical Congress, which assembled at Brussels, was opened on Sunday, Sept. 19th, by Dr. Vlemingcx, President of the Belgian Academy of Medicine, and Provisional President of the Congress. Dr. Adrian, of the American delegation, made the following address:

**Mr. President:**—For three years the American Medical Association has sent its delegates to the British Medical Association, and other kindred European societies, with the special object of asking their concurrence and coöperation in maturing a plan of uniformity of instruments, scales, tables and records of clinical observation.

The American Medical Association hailed with fraternal feelings the call for this International Medical Congress, and with hopes—your first programme containing a motion to create a uniform method of measuring the defects of audition, this being part of the programme—of unity of all the means of observation advocated by the American Medical Association; we cannot help feeling that if you find that part of the plan right, you will have stronger reasons to support the whole.

The medical profession would find many advantages occurring from the adoption of this uniformity; common measures would restore the communication of thoughts between us better than a common language.

Mothers and nurses could be made useful recording assistants, by giving us the true signs and symptoms previously to and between our visits, and they would soon comprehend

the true nature of disease and cure, instead of falling into the supernatural notions which are now forced upon them.

For these and other reasons, the American Medical Association urges upon the International Medical Congress the necessity of organizing an International Commission, having for its object to devise a plan of uniform means, instruments, scales, and clinical observation, and to report on the same at the next meeting of the International Medical Congress.

We present, without comment, an extract from an editorial in a British eclectic journal recently sent us as an exchange:

We admit at once that there are many reform practitioners and members of the British Medical Reform Association, who know little or nothing about the anatomy or mechanism of the human body, and who could not tell the humerus or arm bone, from the femur or bone of the thigh, when placed before them; and yet these very men are capable of curing diseases after the first physicians of the town in which they reside have failed. And why? Because the physicians or surgeons, as the case may be, are too much tied down by Acts of Parliament to the cramped notions of a selected few, who draw up laws and by-laws from which they dare not depart for fear of being branded with the epithet of quack; whilst the ignorant men, as they are called, are left free to select and choose their remedial agents from the great garden of nature, out of which for upwards of fifteen centuries the physicians of old obtained their therapeutic agents to cure the diseases to which man was subjected. Let any reader take but a casual retrospective view of the history of medicine, and he will find that the physicians of old were far more successful practitioners than any we can boast of in this enlightened age, notwithstanding the superior knowledge of the anatomical structure of the human body with which our modern physicians are adorned. That man who has thoroughly examined a human liver, anatomically, microscopically, and chemically, is not half so successful in the treatment and cure of liver disease as one who has never seen the liver of a human body.

**A BORN DOCTOR.**—The following humorous account, from the *Galveston News*, is floating about among the ephemeral funny literature of the day; we offer it to the readers of the RECORD as a morceau that ought to afford a bit of amusement to the philosophers who can stop a moment from their profound studies to read the report of the case. It is a matter of law.

A man was accused of having administered poison to one Mary Ann Tolden, and Dr. Taylor, having attended the patient, was called upon for evidence. The Doctor, says our authority, was a small-sized individual, slip-

shod, walked with a cane, had a small head scant of wool, solferino eyes, and the look of one who had an eye to the main chance.

The doctor hobbled up to the stand, and proceeded to answer the questions put to him by the court, thusly:

*By the Court*—What is your name?

*Dr. Taylor*—Dr. Thomas Taylor.

*Court*—What is your trade? What do you do for a living?

*Dr. Taylor*—I'se a doctor—er fission (physician).

*Court*—Under what school of medicine do you study?

*Dr. Taylor*—Hey! Didn't study at all. Cum into de wurl a doctor. Was borned a doctor. You see, boss, I cures people wid dis yere right han', dis yere right han'. I jes puts it on 'em, and does a little summon to 'em, and dey gets well; I does. I was worth more ter my old master den all the other niggers he had; I'se a doctor, I is. (Here the witness surveyed the audience with a great deal of gravity and importance, and hitched up his pants, and turned again to the court).

*Court*—Do you know Mary Ann Tolden? If you do, state what was her condition when you saw her on Sunday or Monday last.

*Dr. Taylor*—I knows her. Well, boss, you know last Sunday or Monday, I disremember which, I was called in 'fessionally to see de young lady. I found her in 'vulsions' plaining of things wurrien 'bout her heart. Says I, "Mary Ann, what's de matter?" Says she, "Doctor, I feel things a wurkin' round my heart." I put dis yere right han' on her, and she got still. I saw her sorter swelled out and felt things a wurkin' round in dere, and I knowed she mus' have some varmint in dere. So I give a tablespoonful of fresh milk, and den I took a speckled chicken—a real natural chicken—and cut it open and put it on her right side, just over whar the heart beats. I kep' it dere for some time, may be half hour. De treatment fetched 'em out; cured her up.

*Court*—You have a license to practise medicine?

*Dr. Taylor*—Yes sir! (Here witness produced a city license, issued January 1, 1875, signed by Mayor Hurley, authorizing him to carry on the occupation of a physician from January 1, 1875, to July 1, 1875).

**USES OF SALICYLIC ACID.\***—The value of salicylic acid as a remedy is no longer a matter of question. Although the extent of its powers as an antiseptic were at first considerably magnified, yet experience has proved it to be of great value as a preservative agent. It is considered a valuable addition to ales and other malt liquors; it is used by some for the preservation of anatomical specimens, which

\* Read before the N. Y. Alumni Association of Philadelphia College of Pharmacy, by Edward Plummer, Ph. G.

seem to retain their natural form and color perfectly in its solution. Salicylic acid is also employed for the preservation of the stuffed skins of birds and other animals, and it possesses many advantages over other preparations applied for that purpose. In fact, it can be used to advantage for almost everything for which a preservative is required. It has been recommended as an addition to infusions, but the results of my experiments prove it to be of very little service, especially for those containing tannin, which, in some way, seems to interfere with its action. As a disinfectant, it is too expensive for general purposes, but it is an admirable thing for the sick room. The most agreeable form in this instance is a solution of twenty grains of acid in one ounce of cologne water, to be frequently diffused throughout the room with a spray atomizer.

Therapeutically, it is employed for surgical dressings, and by some it is credited with local anæsthetic properties. It hastens the healing of wounds, and of old or ulcerated sores, pimples, and similar eruptions. The best medium for such applications is glycerite of starch, a good solvent, from which it is readily absorbed. It may also be incorporated with any of the usual ointments. The proper strength is about twenty grains of the acid to the ounce; or it may be dissolved in one of the fatty oils which take up ten grains to the ounce; pure oil of sweet almonds is to be preferred, and may be applied with a brush. For surgical dressings, fine cotton, saturated with a solution of the acid, after the manner of preparing iron cotton, is by many preferred to that preparation.

A very efficient lotion is, salicylic acid, one drachm, sulphite of soda, ten grains, glycerine and rose water, each, two ounces. A more dilute solution is used to advantage as an injection in cases of gonorrhœa.

Internally, it is found to possess decided antipyretic properties. Dr. C. E. Buss asserts that it rivals the much-used quinia, and recommends it to be given in double the dose of that alkaloid. Dr. Simms states that he is giving it with success in female uterine disorders. In severe cases of diphtheria, a gargle is recommended, containing five grains of the acid to the ounce, together with doses of from two to three grains, administered every hour.

Salicylic acid is an important adjunct to several toilet preparations; sixteen grains of acid with two ounces of powdered orris root and precipitated chalk, make an agreeable and efficient dentrifice. A toilet powder may be prepared of salicylic acid, ten grains, to one ounce of either powdered starch or talc. The acid might very practically be combined with soaps, cold cream, etc. Lozenges containing one grain of the acid each are recommended for sore throat.

Salicylic acid should not be given in dry powder, as it is severely irritating to the throat

in that form; but it should be given either in solution or in some diluted form. The sodium salts, in the proportion of three parts to one of the acid, appear to be the best medium for its solution, the phosphate being preferred for administration, and the sulphate, or borate, for local applications. Glycerine dissolves one part in fifty; the fatty and essential oils about ten grains to the ounce.

The salicylic acid of German origin was first introduced, and is still much sold, but American manufacturers are now preparing it in large quantities, and produce a very pure article in snow-white silky crystals of beautiful appearance.—*Druggists' Circular and Chemical Gazette*.

**DURATION OF BLOODLESS OPERATIONS.**—At a recent meeting of the fourth Congress of the German Surgical Society, Professor Langenbeck stated his opinion that it was of extreme importance to determine more accurately than has as yet been done how long a limb can be deprived of blood, during a bloodless operation, without danger either to it or to the patient. He thought that the constriction could be kept up for a very long time without fear of gangrene, if the patient could only overcome the disagreeable sensation which the bandage caused. We, however, particularly need experiments on animals, to determine the exact limit of safety. In long operations on the bones—for example, resections—we can see that the bloodlessness is not complete in them as in the soft parts around, and that capillary bleeding occurs from them when not a drop of blood issues from the muscles. Prof. Langenbeck continued: "I have recently kept up the constriction in excisions of the ankle joint for an hour and half, without any ill effects. After this operation I always find a plaster-of-Paris bandage the most comfortable and useful dressing; but till lately there was one great disadvantage attending its use—namely, that it became soaked with blood as soon as it was put on. In the last two cases in which I have operated, I have kept up the compression until the bandage was perfectly hard, and then cut large openings in it until the whole wound could be seen, and only then removed the constriction. The abundant hemorrhage, which now occurs from the vessels of the periosteum and the bone soon stops, if the femoral artery is compressed for a short time; with a little care the blood can thus be kept from the soaking into the bandage."—*Med. Times and Gas.*, July 31, 1875.—*Buffalo Medical and Surgical Journal*.

**SYRUP** of coffee is excellent for disguising the taste of iodide of potassium, and makes the use of this valuable remedy agreeable to the sick. The syrup of lemon is likewise very effectual.



## St. Louis Clinical Record.

VOL. II.

JANUARY, 1876.

NO. 10.

## Original Lectures.

## LOCOMOTOR ATAXY; WITH REMARKS UPON A HITHERTO UNDESCRIBED TRANSIENT VARIETY.

*A Clinical Lecture Delivered at the City Hospital.*BY P. GERVAIS ROBINSON, M. D.,  
Prof. of Clinical Medicine, etc., Missouri Medical College.

## (Conclusion.)

With these examples as a text we may proceed to study advantageously this singular disease, for which we will employ the nomenclature now universally accepted:

"*Progressive Locomotor Ataxy.*"—This term, literally translated, means a disorder or disturbance of the motor system from a privative and *taxis* order, constantly progressing, going on from bad to worse; it does not then perfectly express the character of the disturbed muscular movements which constitute the peculiar feature of the affection. The word, *asynergia*, which means a want of correlation or harmony between different parts or organs, has been proposed in place of ataxy, and would certainly correspond more fully with the characteristic phenomena of the disease. It is, however, better to accept the term ataxy with the understanding that it means a peculiar kind of muscular disorder rather than to adopt another not generally used, though it expresses more perfectly the nature of the disease or its prominent symptom. You have doubtless observed that in all the cases related there is but one constant and uniform symptom, viz: the muscular disturbance of a peculiar kind, and which gives its name to the affection. It may therefore be considered as pathognomonic or diagnostic of the diseased state which it represents, and when in the progress of the case this one symptom becomes developed, it would be inexcusable in a physician of the present day to overlook the disease or confound it with any other. Only a few years since doubtless all cases of "locomotor ataxy" were regarded

as true paralysis of the lower extremities, and though Romberg deserves the credit of having excellently described the symptoms of this affection, which he called "*Tabes dorsalis*," it was left for Duchenne to give the correct interpretation of these symptoms and to show that there is no paralysis, but a disturbance of the power of coördinating muscular movements, to use his own words, that there is "apparent paralysis contrasting with the integrity of muscular power."

In the great majority of cases, however, this incoördination, or *asynergia*, which manifests itself most conspicuously in the gait of the patient, does not come on suddenly, but is usually preceded by certain other affections of the nervous centers, which have been called prodromic symptoms, and hence the disease has been divided into stages; the initial or prodromic in which we have disturbances of the eye and its appendages, as amblyopia, diplopia, ptosis, etc., or may be deafness, or insensibility of the face, through affections of the several cerebral nerves.

There occur, too, pains either of a neuralgic character, having their starting point in the lumbar region and passing like shocks of electricity down the lower limbs, or else rheumatic, located in the joints or muscles themselves. The patient may, in the same manner, suffer for some time from spermatorrhœa before disturbance of coördination becomes apparent. Trousseau lays great stress upon the darting neuralgic pains as an indication of the trouble to come, but it is by no means a constant symptom, as you have seen from the cases I have related. According to my observation, the so-called rheumatic pains are much more constant, but are liable to be misinterpreted, and therefore lose their significance unless occurring in connection with some other initial symptom, as, for example, some ocular disturbance. Within the last two years I have seen two cases of this kind in which there were present in the one strabismus, and in the other amblyopia, combined in both with rheumatic pains. Both had, for some time, been under the treatment of oculists with, of course, no beneficial result.

These various nervous symptoms continue for some time, usually, before the development of the *asynergia* which constitutes the main feature of the second stage. This disturbance,

with few exceptions, comes on gradually so that the patient can hardly tell when it began. In some cases he discovers his misfortune as if by accident. For example: a patient, in giving me an account of his case, told how, after putting out the light one night, he stumbled about the room, and could not get back to his bed until he had got down on all fours and so availed himself of the assistance of his upper limbs. In another case the patient was first concerned about himself from losing his balance while washing his face in the morning, when, of course, he closed his eyes. In most cases there is usually a feeling of weight and fatigue about the legs, especially after moderate exercise, and the patient experiences the sense of having walked a long distance. Yet, with these abnormal sensations at this stage, there is no real inability to walk, and the patient may even tire out a healthy friend who accompanies him in his perambulations. This *asynergia*, you will perceive, is usually manifested at its commencement, when the eyes are closed or in the dark. It soon, however, becomes apparent in the light as well, and is then only increased by closing the eyes. The patient then walks in that peculiar manner you have seen and which has been variously described by different writers. According to Trousseau, when the disease is well developed the individual advances like one learning to walk upon a tight rope. Again, the gait has been likened to that observed in intoxication from alcohol; again the individual is said to walk with the legs apart like props, that he may the more easily balance himself. Now, all of these varieties of gait prevail in the disease according to the stage at which the patient may have arrived. The similitude of the gait to that from alcoholic intoxication is real, for, as you have seen, two of our patients were accused of undue indulgence; yet to the critical eye there may readily be discovered points of difference, which are sufficiently marked to enable us to differentiate between the two conditions. So in the disturbance occasioned by the disease, we may observe, as uniformly present, a certain muscular contraction, while in that produced by intoxication there is complete absence of muscular rigidity, and indeed all the movements of the drunkard, so far under the influence of alcohol as to produce locomotor disturbance, display more or less relaxation.

The diagnosis of "locomotor ataxy" is sufficiently easy, you will perceive, when the peculiar gait has become established, for at this stage it is only required to test the muscular power in order to decide whether or not there be real paralysis. Electricity can not be depended upon as a means of differentiation in those cases where there may be complaint of fatigue and weakness in the lower limbs with, as yet, little *asynergia* manifested, and when we have really to decide between the affection under consideration and paraplegia. In the latter disease, in the great majority of cases certainly, the electro-muscular contractility diminishes in a degree bearing some relation to the paralysis; yet there occur exceptional cases of paraplegia, however few, in which response to the electric current appears to be normal.

In all the cases I have tested, of ataxy, the contractility of the muscles is normal if not exaggerated. In the early stage, when we have presented the neuralgic or rheumatic pains, or else ocular troubles, diagnosis must necessarily be difficult and can not amount to more than a strong presumption in favor of locomotor ataxy; but, if in the history of the case we can discover, at any time, a combination of two or more of these prodromic symptoms, or even some connection in their order of occurrence, our suspicion must approximate a certainty. Thus, if a patient now suffering from strabismus and diplopia tells us that at some time previous he has had spermatorrhœa, and that occasionally he had rheumatic or neuralgic pains, we certainly are possessed of sufficient data upon which to base an opinion as to the nature of his disease. I lay little stress upon the peculiar sensation, sometimes complained of, as of a band about the body, as this symptom may occur in other diseases of the spinal cord as well; the same be said of the bladder and bowel troubles which are so frequent in either paraplegia or "locomotor ataxy."

With regard to the pathology of "locomotor ataxy," and morbid changes taking place in the spinal cord, which is now generally admitted to be the seat of the disease, I shall briefly state that it consists in a peculiar degeneration with subsequent atrophy and hardening (sclerosis) of the posterior columns of the spinal cord and the posterior roots of the

spinal nerves. The white substance of these columns is converted into a grayish softened mass. While the microscope shows few nerve filaments, granular cells, some molecule fatty substance and corpora amylacea lying as it were in a matrix of connective tissue substance, the result of proliferation of the normal tissue or so-called neuroglia there found. The diseased cord, though for a time presenting its ordinary volume, ultimately shrinks and indurates, constituting real atrophy of its essential constituents.

Examination sometimes shows signs of accompanying inflammatory action in the membranes of the cord, at other times no such evidence is apparent.

It remains for me to say something in regard to the supposed cause or causes of locomotor ataxy and the prognosis of the disease. I hold that a careful consideration of the cause is of vastly more importance than would at first thought appear to be the case, since it has been assumed that, when the phenomena of incoördination make their appearance, the cord has already reached such a state of disease as to be incurable, that it is already in a state of gray degeneration.

The causes usually assigned as producing ataxy are, excesses in venery, exposure to wet and cold, excessive fatigue and the syphilitic poison. It can scarcely be doubted that alcohol is quite potent to produce the disease. Where any one of these causes is brought to bear upon the system, the deleterious influence is slow and insidious, the effects only becoming manifest after long and constant action of the morbid agent has impaired that function of the cord which is concerned in the coördination of muscular movements.

Taking any one of the causes cited as the morbid agent, we may fairly assume that this impairment of function is brought about through disturbed nutrition of the cord, which, if long continued, must result in permanent histological changes.

Assisted by the study of analogous diseases in other organs, as for example, cirrhosis of the liver, where we have likewise great increase in the connective tissue and subsequent contraction and induration, we may reasonably suppose that these histological changes, the so-called gray degeneration, is preceded by a stage of congestion and inflammation as occurs

in cirrhosis of the liver. This congestion however, is moderate in degree and the inflammatory action of a low grade, giving rise to no certain indications of disease until the integrity of the cord has been seriously impaired. In accordance with this view of the morbid process, you observe that the disease rarely manifests itself suddenly, but, on the other hand, that its development is gradual, and that in the early stage the phenomena are equivocal.

When, accordingly, the asynergia becomes apparent so that the disease can be recognized with certainty, those histological transformations have already taken place which constitute the gray degeneration shown by *post mortem* examination.

The disease may then be regarded as incurable, and the utmost that can be reasonably hoped for, is a possible arrest of the morbid process. The prognosis must then be regarded as bad in cases produced by any one of these causes cited. You have seen, however, that two of our cases were not "progressive" beyond a certain point, and that after the ataxy had become well marked, in one of them extreme, and had continued for some time, they began slowly to ameliorate, until one of these patients left the hospital considerably improved, while the other completely recovered. In both of these I attributed the disease at the time to the malarial poison which had been exerting its influence upon their systems for some time previous to the manifestation of locomotor disturbance.

We are compelled to conclude that in neither of these had those histological changes taken place which constitute the pathological feature of ataxy. How then do we account for the phenomena occurring? We answer: through a high degree of congestion of the cord so overfilling its vessels as to prevent those molecular changes necessary to the proper performance of its functions. In like manner do we find in other organs of the body disturbance and impairment of function as the result of congestion. How serious such impairment, depends upon the activity and degree of hyperaemia. In this way do we account for certain cases of apoplexy leaving behind them, it may be, more or less paralysis. Here, if there be a high degree of congestion, the immediate effects will be as grave, the abolition of function as complete, and the accompanying phenomena

as pronounced as those occurring from softening of the substance of the brain. We cannot say, then, in such cases, whether we have to deal with the effects of simple congestion, or hemorrhagic extravasation, or of histological change, guided solely by the present phenomena, we must, in every case, consider carefully the history, and the possible cause, as indicating the nature of the lesion.

We can not doubt the potency of the malarial poison to produce this degree of congestion. Every-day experience teaches us that this occurs not unfrequently. Only a few days since I brought before you a patient who afforded an illustration of this very fact. In him we had that form of malarial fever we call *comatose*. You will remember that he had been brought into the hospital in a state of stupor, from which condition he soon rallied, but upon the next day he had another attack from which he again recovered, the sulphate of quinia having been administered in large and repeated doses. I have very lately seen a similar case in consultation with two of the most experienced practitioners of this city, in which, after several regular paroxysms of intermittent fever the patient, a gentleman of sixty-odd years, was seized with a comatose attack, from which he soon recovered under the administration of quinine, but with an incomplete hemiplegia of the right side. The paralysis, happily, has not been permanent.

We must suppose, in these cases, that the coma, and in one the paralysis in addition, was the result of a high degree of congestion, abolishing more or less completely, for the time being, the functions of the brain. Considering, then, the history of our two cases, giving us an account of recent attacks of malarial fever, the comparative suddenness of the invasion of the disease, and the absence of other possible causes, I think we were fully justified in the conclusion arrived at, that they were due to the malarial poison. Their favorable termination, unusual as it was, confirmed the views entertained, that the ataxy was due, not to degeneration of the cord or the posterior columns, but only to congestion. We must not, then, regard all cases as necessarily hopeless, as certainly progressive, or as having already advanced to that point in which there is actual degeneration and transformation of the nervous tissue, for if the attack be comparatively sud-

den, with few prodromic symptoms, and these rapidly followed by the development of the locomotor disturbance, we may at least entertain the hope that the case is yet in a congestive stage, and is not beyond the reach of remedial agents. Syphilis has been assigned as one of the causes of "locomotor ataxy," and hence, where the history of the case leads us to the belief that this terrible poison has been introduced into the system, we may look for good result from the administration of those remedies which are certainly potent, if not altogether to eradicate it, at least to control its influence upon the organism.

In regard to the treatment of this affection you will derive little comfort from the treatises on the subject in your various text books. Romberg, whom, I told you, was the first to describe the symptoms of "locomotor ataxy," regards the malady as absolutely hopeless, while other authorities, as Remak and Benedict, claim to have affected a large proportion of cures mainly by the use of the constant current of electricity. When we have even a suspicion that the disease is of syphilitic origin the administration of some mercurial or the iodide of potassium affords most hope. I should prefer in such cases the long continued use of the proto-iodide of mercury, or else a combination of corrosive sublimate and the potassium iodide.

Where the disease has any apparent connection with malarial impregnation, the system should be brought fully under the influence of quinia, and the impression kept up for some time. In these cases there is often an indication for the administration of iron to be seen in the anæmic condition of the patient. Where the affection would seem to be due to exposure and fatigue, the invasion sudden, and accompanied by more or less decided pain in the lumbar region, we may hope that there is, as yet, only congestion, and use appropriate remedies for the removal of the hyperæmia, as counter irritation to the spine in the way of cupping, leeching or blistering, with, perhaps, the internal administration of the bromides of potassium or ammonium.

In those cases where there is no causal indication for treatment, or where such indication has been followed without success, we must persist in the administration of those remedies which derive their recommendation from expe-

rience. Of these, the nitrate of silver seems to have given the best results and is most worthy of confidence. In view of the accepted pathology of the disease we might look for good results from the administration of phosphorus and *nux vomica*. It has been without apparent effect in my hands, although long continued.

The constant current of electricity has been recommended especially by German practitioners. In one case only, under my care, can I attribute a certain amount of improvement which has taken place to its use. We should not, however, neglect this adjuvant in the treatment, as actual cures have been reported as taking place under the use of electricity.

[NOTE.—Since the above article has been sent to press, another patient has been sent to me by my friend Dr. Standing, suffering from well-marked ataxy with more or less constant vertigo. The patient's present trouble was preceded by an obstinate attack of intermittent fever. Under the administration of large doses of quinine, the man's condition has so materially improved, that he has resumed his customary occupation, that of a plasterer.]

## Original Communications.

### A COMPLICATED CASE OF LABOR.

BY JEROME K. BAUDUY, M. D., ST. LOUIS.

On the 18th ult., I was summoned to attend Mrs. N. in her third confinement.—Her first confinement was terminated instrumentally, and her second, although not requiring active interference, was unusually tedious and prolonged. On this occasion, the abdomen was found enormously distended, to such a degree, indeed, as to give rise to the suspicion of a twin pregnancy. Vaginal examination revealed the *os uteri* dilated to about the size of a half dollar. The labor pains at this time were recurring very regularly every five minutes. After the most careful examination I utterly failed to make out the presentation, and several subsequent examinations proving equally unavailing, I desisted from all further investigation for the space of two hours. Re-examination discovered the *os uteri* dilated sufficiently to allow of the introduction of the entire hand.

Still frustrated in all my endeavors to ascertain the presentation by the ordinary method, I determined to take advantage of the dilatation of the *os*, and introduce my whole hand into the uterus for the purpose of an accurate diagnosis; more especially as I feared that I was dealing with a cross birth, and I dreaded an untimely rupture of the membranes.

The introduction of the hand was accomplished with facility, and rupturing the membranes, I found the child presenting diagonally.

Having, fortunately, introduced my right hand, and taking into consideration the fact that I was not dealing with a *transverse* presentation, the feet being situated diagonally higher up *in utero* than occurs in the latter presentation, I concluded that, notwithstanding the difficulties attendant upon cephalic version, I would essay to bring down the head, thereby avoiding the risks to the child of the podalic procedure. Happily, my efforts were crowned with success. By conjoined manipulation I caused the vertex to rotate into the first position of Baudelocque, and there held it until subsequent pains made it engage in the superior strait. Upon withdrawing my hand the liquor amnii was discharged with a tremendous gush, and never in my entire experience have I known such large quantities to be poured out. This enormous amount of liquor amnii had operated in the beginning to lead me to the suspicion of a twin or triplet pregnancy.

The woman was, fortunately, in the obstetric position, and I ordered the nurse to place a bucket for the reception of the water, as it actually flowed with a continuous gurgling noise, in a steady stream, for several moments, more than half filling the vessel, although some of it had previously escaped upon the bed and carpet. I then awaited the result of the natural efforts. The patient's pains rapidly failed, whereupon I administered some fluid extract of ergot. Only feeble and irregular uterine contractions following the exhibition of the drug, I determined to deliver without further delay. I then applied the forceps at the superior strait, applying them in reference to the pelvis of the mother, regardless of the position of the child's head, and made traction in the direction of the axis of the strait. I finally, after considerable effort, brought the head well down in the pelvic excavation; then changing the di-

rection of the traction, favoring extension, after prolonged efforts, with alternate periods of rest, the woman's pains having entirely ceased, I delivered the head. The biparietal diameter of the child's head was four and one-half inches.

It is useless to expatiate upon the unusually large size of this diameter, for upon comparing it with the same diameter of a magnificently developed child, born two months previously, I found it was somewhat greater.

In consequence of the absence of uterine contractions, and the asphyxiated condition of the child, I forthwith set about delivering the shoulders, which had only partially rotated. With no little difficulty I accomplished the rotation. Then placing the finger in the perineal shoulder, I delivered the child with forcible extension.

The child was apparently still-born; but the cord was cut and allowed to bleed to a small quantity, and artificial respiration, by the Baltimore method, was had recourse to with a gratifying result. I had congratulated myself, after the delivery of the placenta, upon the termination of the various complications, when a brisk uterine hemorrhage again sounded the note of alarm. Ice, ergot, evacuation of the clots, compression of the abdominal aorta, manipulation of the uterus, and the cold douche to the abdomen finally checked the flow, after three hours of additional anxiety and hard work. Thus ended a labor complicated at almost every stage; and I am happy to state that the condition of the patient and her child is all that could be expected or desired under the most favorable circumstances.

### Correspondence.

#### THE ASSOCIATION OF MEDICAL OFFICERS OF THE CONFEDERATE STATES ARMY AND NAVY.

The second annual meeting of this association was held in Richmond, Va., on the 19th of October, 1875. The president, Dr. Samuel P. Moore, late Surgeon General Confederate Army, delivered a brief but interesting address.

The following officers were elected for the ensuing year:

President, Dr. Hunter McGuire, Richmond, Va.; Vice-President at Large, Dr. H. F.

Campbell, Augusta, Ga.; Vice-Presidents for States, Drs. J. J. Chisolm, Maryland; J. Herbert Claiborne, Virginia; S. S. Satcharell, North Carolina; Middleton Michel, South Carolina; James B. Read, Georgia; E. T. Sabal, Florida; J. B. Gaston, Alabama; S. V. D. Hill, Mississippi; Samuel D. Chopin, Louisiana; David R. Wallace, Texas; Paul F. Eve, Tennessee; D. A. Linthicum, Arkansas; A. M. Webb, Kentucky; G. McDonald, West Virginia; Walter Coles, Missouri.

One of the main objects of this association is the construction of a complete register of the medical officers of the army and navy of the Confederate States. Some such movement is necessary in view of the fact that at the great fire in Richmond, in April, 1865, all the valuable archives of the medical department were destroyed. It would be interesting for the medical men who were associated together in this eventful struggle to keep track of each other during the changing scenes which followed the late war. If all such, who reside in Missouri, will send their names and address, together with date of commission and character of services performed, to Dr. Walter Coles, 3004 Olive street, St. Louis, they will be duly entered upon the register. A fee of one dollar should accompany the name.

All regular subscribers will be provided annually with a copy of the *Transactions*, appended to which is a printed register of the members. The list already comprises a large number of the most prominent physicians in the South and West.

### Extracts and Abstracts.

TREATMENT OF ANEURISM OF THE ARCH OF THE AORTA BY MEANS OF GALVANO-PUNCTURE.—Dr. T. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow, reported to the British Medical Association at its late meeting (*British Med. Journ.*, Oct. 23, 1875) two cases of aneurism of the arch of the aorta in which galvano-puncture was employed with success, and then gave the following rules to be observed in carrying into effect this mode of treatment:

*The kind of Electricity.*—1. The induced, as well as the continuous, current has been employed. A successful case of this kind has been recorded by Mr. Eyre. (*Lancet*. July 30th, 1859, p. 94.) The patient, a soldier, in the prime of life, had an aneurism of the left

external iliac artery, about the size of a fowl's egg, which pulsated strongly, and was the seat of a murmur. There were œdema and much pain in the limb. Two long, fine needles were introduced an inch within the sac, each being connected with the wires of a galvano-magnetic machine. The operation, which was accompanied by pain in the groin and violent agitation of the whole body, was continued for twenty minutes. It was followed by severe inflammation, which threatened the patient's life; but, in three weeks, the threatening symptoms subsided, and the patient was cured. The successful result in this case was due to the setting up of adhesive inflammation, which filled the sac with lymph, and was fraught with much danger. Now, it is infinitely safer to attempt a cure by means of chemical than by means of inflammatory action; and, therefore, in every case, the continuous-current battery should be employed; although, even then, unless we are careful, the same result may follow.

2. *As to the kind of battery*, this is of less consequence, provided it is in good working order, and has large cells, so as to increase the chemical effects. I have always employed one of Stöhrer's large-celled batteries; and, in using it, it may be as well, with the view of intensifying the chemical effect, to add to the fluid in each cell, as recommended by Althaus, two drachms of a solution of chromic acid, sufficiently concentrated to impart to it the color of claret. (*A Treatise on Medical Electricity*, by Julius Althaus, M. D., 3d ed., p. 294.)

3. *The needles* should not be very thick, but very sharp, and should be oiled before being introduced; and, what is of the utmost importance, they should be insulated to within about half an inch of the point; for we must aim at acting upon the blood in the aneurism only, and not upon the walls of the sac, skin, and intervening tissues. This can be done, as recommended by my friend Dr. John Duncan, of Edinburgh, a gentleman who has labored earnestly and successfully to improve our knowledge of electrolysis as a means of treatment, by coating them with vulcanite. The unsuccessful result of a case upon which I operated in 1873 (reported in the *Lancet*, June 13th, 1874), I attribute in part to the use of needles which were not insulated. These were sent to me along with a Stöhrer's hospital battery; and, therefore, it is all the more important to give a warning against their employment. I have generally only used one needle; but there can be no harm in the introduction of two or more, especially if the aneurismal tumor be extensive.

A point of much moment, and with regard to which there is great difference of opinion, now is:

4. *Whether the Needles should be connected with the Positive or Negative, or both Poles.*—

The balance of opinion seems to be in favor of connecting them with both poles. "I have no doubt whatever," says Althaus (*op. cit.*, p. 651), "that the most effective application of the current is that where both poles are inserted into the sac. This mode of application is also that one employed by Ciniselli and Dr. Duncan of Edinburgh. Both poles are useful in different ways; the positive produces a small firm clot, and the negative a large soft one. Where only one pole is in the sac, the resistance encountered by the electricity is so great that a much larger galvanic power has to be used to produce any effect at all; and, even then, the effect of that pole which remains outside is lost." And yet one of the most successful cases reported by Althaus in the volume from which I have quoted was one of the cases operated upon by me, in which the needle was connected with the positive pole, and in which a weak current was employed. For my part, I prefer connecting the needles with the positive pole only, because I have found it efficient in practice; because the clot which forms at the positive pole, though small, is firm and hard, while that which forms at the negative is soft and bulky; and because on withdrawing the needles, hemorrhage is much more apt to occur; thus showing that the clot is not of a satisfactory character. Hemorrhage, too, is a disagreeable complication; it frightens the patient, and excites the circulation; and, besides, serious injury to the aneurism may result from the manipulations carried out with the view of arresting it.

5. There is much difference of opinion, also, *as to the strength and duration of the current*. For my part, I am clearly of opinion that it is often used far too strong. Thus, in a case operated upon by Althaus (and many equally striking ones have been published), he says: "I applied the current of from ten to twenty-five cells of Smee's battery; so that the positive and negative poles were alternately in contact with each needle, the changes being made every five minutes, so that the whole process lasted twenty-five minutes. The patient complained much of pain, particularly when the changes were made. For the first two days, the tumor decreased considerably in size, but afterwards it increased both in size and pulsation; redness and œdema extended around it in all directions, and the patient died. At the autopsy, the whole of the cellular tissue around the tumor was found loaded with lymph, and much indurated. This diffuse inflammation extended the whole way up the neck, rendering the dissection extremely difficult." (*Op. Cit.*, p. 648.) I prefer, then, to use a weak current, and one which gives rise to little or no pain, and which does not excite serious inflammation; and, in two cases just reported, I never employed more than eight cells of Stöhrer's large battery as a maximum,

and never continued the operation for longer than an hour at a time. Now, it must not be forgotten that, in using a weak current, at all events, we do not aim at suddenly coagulating the whole of the blood in the sac, but desire the formation of a small firm clot, from which, as a center, we hope to insure the gradual deposition of successive layers of fibrin from the blood; so that, for the first few days after galvano-puncture is practised, those who are not alive to this circumstance may fancy that the operation has failed.

Lastly, the number of operations, and the length of the intervals between each, must depend upon the effect of those which preceded them.

The rule which I have ventured to suggest as applicable to the electrolytic treatment of aneurism are, of course, likely to require modification as our experience of it increases; but this, at all events, may be affirmed, that the dangers of the treatment are by no means serious if they are adhered to. Thus violent inflammation is not likely to occur if a weak continuous current of electricity be employed for a moderate space of time; while slight irritation is not an unmixed evil, and may be allayed by the application of iced cloths. It naturally occurs to one that clots produced by galvano-puncture, and which at first are soft and presumably easily detached, are likely to be swept into the general circulation, and to give rise to embolism; but, as far as our experience has hitherto gone, this happily seems to be rather a theoretical than a practical difficulty, and one which appears to me all the less likely to occur if the needles be connected with the positive pole alone. The gas which is generated during the operation, no doubt, in part, finds its way into the circulation; but this takes place so slowly and in such small quantity, that no danger is to be apprehended from it. The operation, then, need not cause us much anxiety from the above points of view; but it comes to be a question—and to this the attention of medical men practising galvano-puncture should be specially directed in the future—whether the consolidation of that portion of the aneurism in particular which approaches the surface may not, in some cases at least, favor the extension of the disease in other directions, and lead to internal pressure-symptoms, and to rupture into internal organs.

—*Abstract Medical Sciences.*

**A NEW MODE OF TREATING CERTAIN TUMORS OF THE LYMPHATIC GLANDS.**—Mr. S. Messenger Bradley (*Lancet*, September 4th, 1875) advocates the following mode of treatment. But "it must be premised that I do not speak of lymphatic tumors generally, but of certain kinds only; thus I do not refer to syphilitic or carcinomatous affections, or to the infectious or soft form of lymphomata, but confine my

attention to three groups. First, true hypertrophies of the lymphatic glands, with or without a strumous diathesis; second, strumous hypertrophies—i. e., cases of cellular hyperplasia *plus* caseous deposit; and, third, hard non-infectious lymphomata, which present many points of resemblance to the first groups, and, indeed, are often only distinguishable in being multiple.

Now, there is perhaps nothing more common than to paint iodine over all the above-mentioned tumors, unless it be the disappointment which results. This, at least, is my experience, the result apparently being the same whether the iodine is painted indiscriminately over the whole gland or whether it is applied, according to Furneaux Jordan's advice, over the contiguous lymphatics rather than over the gland itself; and yet all that seems to stand between this treatment and success is the thin skin which intervenes between the gland and the pigment.

The first case in which I injected iodine into a tumor did not appear very promising, though it proved perfectly successful. It was an encapsulated tumor, about the size of a large walnut, situated beneath the lower jaw, which I should have removed with a scalpel, had I not once had some unpleasant hemorrhage in a precisely similar case; and as the patient in the present instance lived at some distance, I resolved to try to procure absorption before resorting to extirpation. *The tumor almost disappeared with the first injection*, and after one more it could not be at all detected. I was pleased with the result, because it appeared to me to be so desirable to adopt such a plan at one's consulting-rooms, and in the out-patient room of the hospital, instead of using the knife, which is always more or less terrible to the patient, and which is sometimes, in the most careful hands, followed by unfortunate results. Since the case I mentioned I have been in the almost daily habit of employing iodine in this manner, and I think I may venture to affirm that, by properly selecting cases, a successful result may be assured, while there is no doubt than an indiscriminate use of the remedy will be productive of disappointment. The best cases are those where a single cervical gland is hypertrophied in an otherwise healthy (adult) subject. Five or six injections of the simple tincture of iodine (five to ten minims at a time, according to the size of the tumor), at intervals of about four days, generally effect a cure. The earlier stages of strumous hypertrophies are also very successfully treated by this method, as are the small hard multiple lymphomata; but in the later stages of strumous disease of the cervical glands, where the tumor is broken down into a mass of caseous matter, and the neighboring skin is blue and undermined, no good results follow from the injection of iodine; and, indeed, these cases



are best treated by a careful excision of the disorganized and degenerated glands. I have also recently employed iodine injections in a large and hard fibroid bronchocele, which had been treated unsuccessfully by the internal administration of the drug. The tumor was not only inconvenient from its size, but had almost destroyed the voice, and so pressed on the trachea as to deflect it to the right side of the neck. The case is still under treatment, but the first two injections of ten minims of iodine were followed by the diminution of an inch in the girth of the neck. By parity of reasoning we may expect this method to prove serviceable in uterine myomata and allied growths, but it is to its value as a remedial agent in cases of lymphatic enlargement of the cervical glands that I especially wish to call attention, and I may briefly summarize my results on this head by a tabular statement:

1. *Cases of cervical tumors to be treated by injection of iodine:*

- a. True hypertrophies of the lymphatic glands without strumous admixture.
- b. Strumous hypertrophies before breaking down.
- c. Hard lymphomata.
- d. Encapsulated cervical tumors, as a tentative operation.

2. *Cases of cervical tumors to be treated by incision:*

- a. Strumous glands which have broken down into pus, with or without previous treatment by injection.

3. *Cases of cervical tumors to be treated by excision:*

- a. Strumous glands infiltrated with caseous matter, which may be rocked to and fro upon a base of degenerated cellular tissue, with a margin of blue undermined integument.
- b. Encapsulated tumors which have resisted the treatment by injection."

—*Abstract of Medical Sciences.*

**ON DIPHTHERIA.**—The variety of forms which the false membrane assumes, and the various conditions of the tonsils, are very remarkable. Thus I have seen the membrane in consistence like glazed starch, cream, wet parchment, and a grayish flesh-like pulp, of all degrees of color, from the purest white to almost black. I have seen it in specks, patches, shreds, and in large firm membranes, forming an exact cast of the part it enveloped. I have seen the specks or patches surrounded by a bright red border, or gradually becoming thinner at the edges, imperceptibly losing itself, so that one could not exactly see how far it extended. I have seen the tonsils engorged to such an extent as to almost meet, or enlarged laterally, as if they had been flattened by a weight on their surfaces; and I have notes of one case in which the tonsils were rather depressed.

The glands at the angles of the jaws were more or less enlarged; but I never saw them suppurate.

On a few occasions, after the entire disappearance of the membranes, I found the tonsils again sprinkled all over with small white cheesy spots. These need cause no alarm; for, though they remained *in statu quo* for some days, they always disappeared without further inconvenience.

One of the worst signs in this disease was the extension of the membrane to the nares, so that I looked suspiciously upon the unfortunate patient, who began to use the pocket-handkerchief too freely. This invasion of the nares was manifested by redness of the margin of the nostrils and a discharge of thin mucus, which rapidly became purulent, and, as the disease progressed, very abundant.

Passing over many interesting points in the clinical history of this disease, I proceed to the practical question of its treatment, which resolves itself into local, directed to the throat itself; general, to combat with the great tendency to depression of the vital powers; and individual means to relieve certain symptoms which may arise during its course.

The local treatment I adopted in every case was the application of tincture of iodine (forty-eight grains to one ounce) to every part of the throat covered with membrane, at least once in twenty-four hours, and the inhalation of iodine vapor, mixed with steam, but more especially the latter, if the larynx were invaded. If the membrane were firm in texture, and not too strongly adherent, I always removed it, and applied the tincture of iodine to the denuded surface, and with the best results; for, although frequently the membrane would reform, yet it never regained its pristine condition. If the membrane were in specks or shreds, I applied the iodine over them, and in general half a dozen applications were all that was required to procure their dismissal; and in several instances two applications were sufficient.

The general treatment was supporting and stimulating throughout. A liberal supply of beef-tea, wine, and milk was frequently and regularly given, to maintain the system against the natural tendency to depression and exhaustion. In medicine, I rely upon chlorate of potash and tincture of steel, from three to five grains of the former with five to fifteen minims of the latter every four hours, according to age. When tracheal symptoms arise, I at once have recourse to the inhaler, beginning with ten drops, increasing to a drachm of the common tincture of iodine to a pint of boiling water, and letting the patient inhale as frequently as possible. In using this, one precaution is necessary, and that is not to begin with too large a supply of iodine, otherwise it is too irritating, causing the patient to cough, and making him unwilling to use it. I have

found ten drops well borne to begin with; and after a short time, we may gradually increase the quantity to a drachm to the pint without inconvenience. If this do good, which it undoubtedly does, it is evident it cannot be by any caustic action, but acting through its modifying and absorbing influence upon the diseased tissue. I can refer to three cases in which this treatment was of marked utility. In cases where the fits of dyspnoea are severe and frequent, I have found nothing like an emetic of sulphate of copper, which generally expels a quantity of membrane from the larynx and trachea, and gives relief for a time at all events.

In tracheotomy I believe we may place considerable reliance, although my experience is limited to one case, and that, unfortunately, a fatal one; yet I firmly believe that if it be resorted to soon enough, we may rescue many lives. There is no doubt one feels inclined to put it off as long as possible; for parents have a curious repugnance to having their children's throats cut; and if you are not successful, they speculate on what assistance you afforded nature in her process of dissolution, and generally the balance is against the doctor; yet the evidence of numerous published cases, of which, roughly speaking, one-fourth were successful, proves that it is our duty not to neglect this chance of saving life, and more especially not to delay too long in resorting to it.—*British Medical Journal*.

**A REVIEW ON CASES OF INTUSSUSCEPTION ON RECORD.**—By Jonathan Hutchinson, Esq., Senior Surgeon to the London Hospital:

1. That it is by no means very uncommon for intussusception to begin at the ileo caecal valve, and to progress to such a length that the invaginated part is within reach from the anal orifice, or even extruded.

2. That it is of great importance in all cases of suspected intussusception to examine by the anus.

3. That in almost all cases of intussusception in children, and probably most in adults, the diagnosis may be made certain by handling the invaginated part through the abdominal wall.

4. That the prognosis of cases varies much; first, in ratio with the age of the patient, and secondly, with the tightness of the constriction.

5. That in the large proportion of cases in which children under one year are the patients, death must be expected within from one to six days from the commencement.

6. That in the fatal cases, death is usually caused by shock or by collapse from irritation, and not by peritonitis.

7. That in many cases it is easy, by estimating the severity of the symptoms (vomiting; constipation, &c.), to form an opinion as

to whether the intestine is strangulated or simply irreducible.

8. That in cases of strangulated intussusception, whilst there is great risk of speedy death, there is also some hope that gangrene may be produced and spontaneous cure result.

9. That in cases in which the part is incarcerated and not strangulated, there is very little hope of the occurrence of gangrene, and it is probable that the patient will die, after some weeks or months, worn out by irritation and pain.

10. That the chances of successful treatment, whether by the use of bougies or by the use of air or water, are exceedingly small, excepting in quite recent cases; and that if the surgeon does not succeed by them promptly it is not likely that he will succeed at all.

11. That the cases best suited for operation are those which have persisted for some considerable time, and in which the intestine is only incarcerated, and that these cases are also precisely those least likely to be relieved by any other method.

12. That in the cases just referred to, after failure by injections, bougies, &c., an operation is to be strongly recommended.

13. That the records of post-mortems justify the belief that in a considerable portion of the cases referred to, the surgeon will encounter no material difficulty in effecting reduction after opening the abdomen.

14. That the circumstances which might cause difficulty are, first, the tightness of the impaction of the parts; secondly, the existence of adhesion; and thirdly, the presence of gangrene.

15. That in selecting cases suitable for operation the surgeon should be guided by the severity of the symptoms, in his estimate of the tightness of the strangulation, and also as to the probability of gangrene having set in.

16. That in cases in which the patients' symptoms are very severe, or the stage greatly advanced, it may be wiser to decline the operation, and trust to the use of opiates.

17. That the operation is best performed by incision in the median line below the umbilicus.

18. That in cases of intussusception in young infants (under one year of age), the prognosis is very desperate, scarcely recovering excepting the few in whom injection treatment is immediately successful, whilst a large majority die very quickly.

19. That the fact just referred to may be held to justify, in the case of young infants, very early resort to operation.

20. That it is very desirable that all who in future have the opportunity for post-mortem examination of cases should give special attention to the question as to whether an operation would have been practicable, and should record their results.—*Braithwaite's Retrospect*.

**NORMAL OVARIOTOMY.**—That "normal ovariectomy" means the extirpation of the ovary when in a normal condition, no one would be likely to guess. But the term has so been applied by Dr. Robert Battey, of Georgia, who was "interviewed" recently by Drs. Yandall and McClellan, of Louisville, for the purpose of obtaining his views on the subject. The result of the interview appears in the *American Practitioner* of August, 1875. The operation was first suggested to Dr. Battey by the case of a patient, a young lady of twenty-one, "who had no uterus," to quote his words, "but with an active menstrual mollen, whose heart was broken down by the strain upon it in the monthly vascular excitements which were unrelieved, and of which she died. It occurred to me," he continues, "that if I could but have divested her of her ovaries, the balance would have been restored." This strikes us as a vague and indirect way of stating the case, but we will let it pass. His first operation was by abdominal section, but afterwards he employed the vaginal incision, after the manner of former operators. He considers the process applicable "to any grave disease which is either dangerous to life or destructive to health or happiness—which is incurable by any recognized resources of our art, and which we may reasonably expect to remove by effecting the change of life." He desires it to be distinctly understood that "he does not propose it for amenorrhea, nor dysmenorrhea, nor nymphomania, nor for any other particular malady, but only for such conditions and cases as are alone curable by the change of life." In other words he removes a "disease or pernicious ovulation," incurable by other means, by affecting the change of life through removal of the ovaries. The instruments employed are, a speculum, vulsellum, rat-tooth forceps, long scissors and bullet forceps. All ligatures are discarded. There is no danger from hemorrhage. About an hour is occupied by the operation, which is done deliberately. Ether is employed, and sometimes a little chloroform at the start, "to overcome the smothering sensation often caused by ether." He has performed the operation ten times, with eight recoveries and two deaths. In most cases the ovaries were really diseased, though not to the extent of preventing ovulation.

Dr. Battey has abandoned the term "normal ovariectomy," without proposing a substitute. Dr. Sims proposes to call it "Batteyism." Authorities in gynecology are slow in determining the merits of the procedure. Thomas suggests that it is capable of great abuse. Perhaps the lesson learned by the profession through the hasty condemnation of Dr. McDowell's operation, inspires caution in the exercise of judgment in the present case. That much opposition will be encountered by Dr. Battey we do not doubt. He himself ap-

pears apprehensive of this, if we may judge from his timidity and circumlocution in language. In declaring expressly that the operation is not intended for nymphomania, but only for such conditions as are alone curable by the change of life, he really points to nymphomania as constituting in many cases one of those conditions. Clitoridectomy is a safer operation, and has been successfully resorted to in such cases; and yet it has been discarded. We have not forgotten the fate of Baker Brown.—*Pacific Medical and Surgical Journal*, December, 1875.

**AUSCULTATION OF THE ŒSOPHAGUS.**—Dr. T. Clifford Allbutt describes this means of diagnosis in the *British Medical Journal*: The method of auscultation of the Œsophagus depends upon the audibility of the swallow, both in the neck and thorax. It is best, of course, to educate the ear at first upon a healthy subject. The subject is requested to take a mouthful of water, and to swallow it at a signal. The operator then places the stethoscope (Sibson's stethoscope is the best for the purpose, I find, but any stethoscope will do) first upon the trachea anywhere between the hyoid bone and the supra-clavicular fossa. The signal being given, the patient now swallows; and, as he does so, a very distinct resonant gurgle is heard at the place of the stethoscope. This sound, which is very loud at the hyoid bone, where the water is, as it were, slung through a tube into the observer's ear, becomes duller as the instrument is removed to deeper parts of the neck. Below the cricoid cartilage, the sound is more heavy or solid in character, and the morsel is, as it were, shoved downward with a whiz. To examine the lower part of the Œsophagus, the instrument must be removed to the spine, and must be carried down the left side of the spines of the first eight dorsal vertebræ. Here the sound is still more distant, though still very distinct, and is like a smooth body slipping through with a sort of cluck.

By repeated observations upon the healthy subject, the operator must make himself thoroughly familiar with the tone, with the apparent size of the morsel, with the energy of the Œsophageal contraction, with the rapidity of it, and also with the direction of the morsel. The rapidity of the passage of the morsel is ascertained by putting the instrument over the cardiac orifice while a finger is placed upon the larynx. The moment of commencement of deglutition is known precisely by the rise of the larynx; the moment of its completion is recognized by the ear. The rate of the swallow varies a little in individuals, and is generally distinctly slower in weakly persons at all times, and in healthy persons after a prolonged meal. The direction of the swallow may be reversed, as in regurgitation. In this case, the

gulped fluid eddies, as it were, in a funnel, with a prolonged resonant gurgle; or the direction of the swallow may be diverted, as in one case under my notice, where the œsophagus was perforated, and the matters escaped into the pleural cavity. Hamburger had more than one case of the kind, and he prepared me to recognize this condition, which was quite easy when one was thus forewarned. The small quantity of diverted fluid passed through the chink in the œsophagus with a kind of sizzling murmur.

#### EFFECTUAL PLUG IN NASAL HEMORRHAGE.—

Many years since my master, the venerable and eminent surgeon, Dr. W. Perry, of Exeter, N. H., taught me at the bedside of a patient nearly moribund, the following simple method of arresting nasal hemorrhage:

Bellocq's instrument and all its contrivances are not to be compared with this of Dr. Perry's, for ease of application and efficiency. It has never failed in my hands, either in hemorrhage or typhoid fever, in that connected with diseases of the heart, or purpura, or nasal hemorrhages of any other origin. Roll up between the thumb and fingers a lock of cotton into a cylinder or little roll, an inch or an inch and a half in length; tie a strong thread to the middle of the roll; bring the two ends of the roll together, and then, opening the nasal orifice by pressing down with the end of the finger its lower margin, pass the middle or folded part of the roll (where the string is tied) in the nostril; next with the blunt end of a lead pencil or stick, press in the cotton roll slowly, along the floor of the nostril, an inch or more, and rest. If the blood passes down into the throat, you may be sure the bleeding spot is behind the roll, so push in your roll further and the blood will cease to pass behind. Then holding on to the string, pass some loose cotton into the nostril, and push it in and along, with the pencil, down to the plug. The cotton will swell with the moisture, compress the bleeding surface, and arrest the hemorrhage. It is well to let the plug remain for two or three days. The string attached to the cotton may be carried up around the *alæ nasi*, to the side of the cheek, and fastened with a strip of adhesive plaster. In a day or two the mucus or natural secretions of the nasal surfaces will loosen the plug, and it may be easily removed by the string. The dry cotton will, in an ordinary case, answer for the plug. If you choose, you can wet it in liquor ferri persulphate, or cause the plug to be dusted over with pulv. ferri persulphate, or ferric alum, or tannic acid, or any other astringent that may be preferred. —*Phil. Med. and Surg. Reporter*.

REDUCTIONS OF DISLOCATIONS OF THE SHOULDER.—M. Revillout, in the *Gazette des Hôpitaux* for July 31st, gives an account of the

mode which M. Panas adopts for the easy accomplishment of this. He believes that almost all these dislocations are produced by a rotation of the humerus; and as the result of numerous experiments he found that it is very easy to lacerate by a movement of rotation a capsular ligament which would resist a direct traction of six hundred kilogrammes. Generally, also, the tendon of the subscapularis is ruptured in the dislocation forward. For the easy reduction of this dislocation it is of importance to keep the arm rotated outward. For, in fact, once beyond the button-hole laceration of the capsule, the head of the bone, when carried inward, lies supported on the inner lip of the laceration, so that if reduction be attempted in this position, the head being separated from the glenoid cavity by a more or less broad ligamentous bridle, it cannot succeed unless by rupturing this bridle, which it is not always easy to do. When, however, muscular resistance having been overcome by a sufficient extension sufficiently prolonged, the head of the bone is brought, by rotation outward, to the middle of the rupture, it suffices to push it with the hand to effect reduction—if it has not become self-adjusted without any noise. Preparatory to this movement of rotation, M. Panas causes traction to be made at the arm above the elbow instead of at the wrist. In this way the flexed forearm is in readiness to be carried outward at the appropriate moment. Much force is not required for extension, provided the muscular relaxation is patiently waited for. M. Panas has succeeded in this manner in somewhat old dislocations, provided sufficient time had not elapsed to give rise to an altered formation of the articular cavity.—*London Medical Times and Gazette*. —*New York Medical Journal*.

EFFECT OF THE NUMBER OF VACCINE PUSTULES.—Burchard has recently examined the question of how many pustules are necessary to insure the protective effect of vaccination. Basing his conclusions on the results of revaccination in the army, he decides that the number of revaccination scars does not produce any essential difference of susceptibility to the vaccine contagion. In vaccinating, therefore, as few punctures as possible should be made. Eulenburg, after investigating the literature of the subject, has adopted a different conclusion (*Vierteljahrsschr. f. gericht. Med.*, B. xix., H. 1). He shows, by the aid of the statistical investigations of Gregory, Hervieux, Ballard, Marson, and Oppert, that the number and nature of the vaccination scars present generally modify the cases of variola in such a manner that a diminished intensity of the latter disease coincides with a greater number of vaccination cicatrices. Now, as the number of ten cicatrices appears to give a particularly good prognosis, he recommends, as a maximum, ten

punctures, or five incisions, of five millimetres' length, but divided between both arms, so that the pustules may have sufficient space for their development. He recommends, as a minimum, five punctures, which is especially applicable to feeble persons, or during the prevalence of epidemic conditions, especially erysipelas. He is strongly opposed to an excessive increase of the number of pustules, which, according to his experience, is, on the one hand unnecessary and on the other exposes the subject to the danger of the development of severe general and local symptoms.—*B. k. Wochenschr.* and *Hospitals-Tidende*, No. 33, 1875.—*New York Medical Journal*.

**URETHRAL NEUROPATHY.**—Under this designation, says the *London Medical Times*, Dr. Bron describes one of the occasional consequences of gonorrhœa. As a general rule, he observes, after the discharge has ceased, the patient regards himself as cured, but this is not always the case. There may subsist or supervene a considerable amount of *malaise*, the patient complaining of lumbar lassitude, and a sense of heaviness in the hypogastric region. The urethra becomes the seat of various painful sensations, difficult of description. Sometimes they simulate the symptoms of stone or stricture, but are not of any fixed character, coming on and disappearing at intervals not to be foreseen, and resisting all remedies. The rectum may also be painfully affected, although no disease can be detected, and there is a sense of plenitude of the pelvis in general. These various symptoms, which are often conjoined with great disturbance of the digestive organs, are not all observed in the same individual, but are met with in different degrees in various patients—sometimes being only very transitory, but at others absolutely fixed, and the occasion of great physical and moral suffering.

The direct cause of this suffering is not always easily detected, for there may not be a single sign of the preceding blenorragia present, and it is chiefly the patient himself who insists upon this being the origin of what he suffers, and often regards it as a proof that his malady has been imperfectly cured. M. Bron considers the seat of this suffering to be those portions of the urethra which are narrower than the rest. By passing a small bougie gently, every other day, the urethra is modified.

**DISINFECTING TREATMENT OF CORNEAL ULCERS.**—The affection known as hypopion, keratitis, ulcus corneæ serpens, etc., is now very generally considered as an infected traumatic keratitis.

Dilute chlorine water and solutions of quinine or of carbolic acid have been employed as disinfectants, dropped into the conjunctival sac, but without pronounced effect. Horner

(*Monatsblätter für Augenheilkunde*, xii. 432) has instituted a more energetic treatment, with, as it appears to him, very encouraging results. He applied diluted chlorine water with a camel's-hair pencil directly to the ulcer. Though this treatment was employed in only a limited number of cases (fifteen), yet, having had a large experience with other methods, the author was surprised at the rapidity with which the progress of infiltration ceased, and the hypopion was absorbed, as well as at the favorable condition of the eventual cicatrix. In cases where the ulcer is already very extensive, however, this means is insufficient, and Saemisch's slitting through the whole ulcerated portion is necessary.—*Boston Med. and Surgical Journal*, Nov. 11, 1875.—*Abstract of Medical Sciences*.

**PROPHYLACTIC IN CHOLERA INFANTUM.**—The numerous cases of gastro-intestinal catarrh occurring in small children during summer preponderate among such as are fed with the bottle. The various kinds of treatment adopted by physicians have not proved very successful, hence a prophylactic against this disease is of great value.

As the affection originates in the nourishment of the infant, Jacusiel (*Berl. k. Wochenschrift*, 1875) has been led to add two table-spoonfuls of a one-third per cent. solution of salicylic acid in water to the daily allowance of milk, with the effect of rendering the germ of the disease powerless. The children fed in this manner have not had gastro-intestinal catarrh, or suffered any inconvenience from this rather free use of salicylic acid. The remedy is harmless and also inexpensive.—*Hospitals-Tidende*, September, 1875.—*N. Y. Medical Journal*.

**DR. JACOBI**, in some remarks before the *Medical Journal and Library Association*, stated that chlorate of potash had a marked effect upon the kidneys, a fact which was not generally appreciated. Dr. Jacobi had a patient who suffered from sore throat, and for whom he ordered an ounce and a half of the chlorate of soda in solution as a gargle. The patient swallowed the whole quantity through mistake, and in a few days died of nephritis. Dr. Krackowizer lost a patient in a similar manner.

**TREATMENT OF INTESTINAL OBSTRUCTION BY ELECTRICITY.**—Basing his remarks on a certain number of observations, and more especially on a case under his own care at the Hospital of Brest, Dr. Fleuriot advises the employment of electricity to overcome internal strangulations; he used a Gaiffe's battery, and placed one of the rheophores at the anus or in the rectum, and the other on the abdomen.—*Thèse de Paris*, Jan. 1875, and *Glasgow Med. Journal*, Oct. 1875.—*Abstract of Medical Science*.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., Editor.

St. Louis, Mo., - - - January, 1876.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

## Editorial.

### ANNOUNCEMENT.

Our readers will regret to learn that our friend and associate, Dr. A. B. Shaw, has retired from his editorial duties connected with this journal.

The CLINICAL RECORD has owed much of its material prosperity and extended circulation to the energy and business-tact which are displayed to such a high degree by our former co-laborer.

Being freed from the onerous labors connected with the business management of the publication, we trust that in the future our readers will benefit from the many valuable articles which may be expected from his able pen.

The change in management, combined with serious illness in the editor's family, will account for the unavoidable delay in the appearance of this number. In the future, the RECORD will appear during the first ten days of each month, and will fully sustain the high character which it has thus far maintained.

### THE KRING CASE AND ITS LESSONS.

After being out all night the jury returned a verdict of guilty in the case of Charles F. Kring, indicted for murder in the first degree for the killing of Mrs. Dora C. Broemser. The homicide took place on Jan. 5th, 1875, and the trial was thus concluded on Christmas day following.

The circumstances of the murder are still fresh in the minds of the people, but it may be well to briefly review them.

Kring had been criminally intimate with his victim, as he says, for over a year; she was *enceinte* by him, as he supposed; she showed some indications of returning fealty to her husband—refused to elope with her paramour—whereupon he shot her twice and attempted to shoot her a third time, threw the pistol away and went to the police station and gave himself up. At the station he asked the captain of police if his punishment would be lessened, should he (Kring) plead guilty, if imprisonment in the penitentiary would be substituted for hanging; on being answered in the negative, he remarked: "I shall find some means of cheating the gallows."

At first he declined to make any statement, afterward he told a reporter all the circumstances connected with the tragedy. He sent a telegram from the police station to a physician in Illinois, where he formerly resided, to "come and testify," this physician having attended him once when he (K.) was delirious one night.

Several letters were found on his person; one, addressed to the physician referred to above, saying he (K.) was about to marry Dora (his victim), and that divorce suits were pending in the St. Louis Circuit court (this statement was proven to be false at the trial); another letter was addressed to his landlord conveying charges of arson and swindling against the husband of his victim; another letter was addressed to his partner in guilt and referred to their criminal intimacy, and was full of passionate appeals to her to leave her husband, or take the direful consequences. An appeal to the public, in case he should destroy his own life, was also found among these papers. In his letter to Mrs. Broemser he hints at lunacy as a consequence of her refusal to comply with his desires.

At the trial, which terminated as stated above, his counsel set up the plea of insanity as a *dernier resort*. Drs. Fischer, Widney, Bauer, Stevens and Bauduy were called as experts on the part of the defendant, and Drs. Bauduy and Hazard were subpoenaed by the State.

As Drs. Fischer and Widney had had no special opportunities for the study of mental disease, their views upon the hypothetical case submitted to them by the defense has no great value. Dr. Bauer saw the defendant within an hour

after the homicide. Dr. Bauer considered his conduct and appearance "most strange and most extraordinary," but *not characteristic* of insanity.

A hypothetical case was put to the other experts by each of the opposing counsel. That of the Circuit Attorney recounted the facts as proven relating to the homicide; that submitted by the defense claimed that the statements made by the defendant in relation to his criminal intimacy with Mrs. Broemaer, and to the supposed fact of divorce suits being in progress, were sufficient evidences of delusion, and that the fact of the killing was sufficient evidence of a *change in character* so strongly insisted upon by psychologists as the strongest possible evidence of insanity.

After hearing the hypothetical cases as presented by counsel, Dr. Stevens gave it as his opinion that Kring "was laboring under such a delirium of love and passion at the time of the homicide as to incapacitate him from acting in a rational manner." Dr. Bauduy saw no evidence of insanity in either case as presented "with one slight exception, if the fact of *delusion* be proven, it might be taken as evidence of insanity."

Dr. Hazard gave his opinion, that if the hypothetical case, as presented by the State, represented the facts as proven, then the prisoner was sane and responsible; if, on the other hand, delusion and change of character were proven, as claimed by the defense, then the man was undoubtedly insane. From a hearing of the letters referred to above, he was inclined to form his opinion from them alone, leaving both hypothetical cases alike out of the question, which was that the plea of insanity was there foreshadowed, and contemplated at the time the prisoner determined upon the commission of the murder in case the woman did not comply with his demand to leave her husband.

In his charge to the jury Judge W. C. Jones instructed them to find the defendant guilty unless it was proven that at the time of the homicide he was laboring under such a degree of lunacy that he was incapable of distinguishing between right and wrong in relation to the act committed, or that the act itself was the result or outcome of some insane delusion; that if delusions in relation to other matters were well proven and the act had no relation to

these delusions the verdict must be against the prisoner.

The conclusions which we have reached after a careful consideration of all the points of the case are as follows:

That the judge's charge may be and really is in accordance with the written law and the decisions of the Supreme court, yet it shows a very poor knowledge of insanity and the insane on the part of our jurists, and is worthy of the middle ages rather than of the enlightenment of the American Centennial.

The legal tests of a knowledge of right and wrong, and of the act corresponding to some insane delusion, are simply barbarous. The acts and words of the individual compared with his acts and words at a time when he was known to be in the normal condition is the only rational test to be applied in a legal as well as in a medical inquiry into a given case. Law and medicine considered as sciences can rest only upon a basis of reason and common sense. So far as they do not thus correspond with observed facts, they have no right to be considered as sciences at all. No man can foresee the end arrived at by a process of *insane* reasoning; the most horrible and unnatural crime may be the result of a seemingly most harmless delusion.

A knowledge of right and wrong is possessed by most of the lunatics who fill our asylums; the discipline of those institutions could not exist unless this were the fact. But this is not the only instance of illogical law.

Another lesson to be drawn from this case is that the physician is at the mercy of the lawyer. On the most trivial pretext the physician is commanded by the authority of the State, which he dare not disobey, to leave his business, to leave his patient, whose life may be the price of some pettifogger's whim, and dance attendance upon some court of justice(?) while it suits the lawyer's pleasure, and this without compensation! For the fees to which he is legally entitled are generally quietly pocketed by the gentlemanly clerk who issues the subpoenas, with equal grace, cheerfulness and alacrity. There was not a scintilla of evidence in this case of insanity in any form, hence the evident injustice of the procedure of summoning men from their business without compensation is more glaring than usual in such cases. That a man's ideas and opinions

are his property, as much so as goods and chattels or real estate, is now pretty well recognized, our laws relating to patents and copy-right are based upon the fact. The State has no more right to call for a physician's opinion without offering him due compensation for it, than it has a right to his house and land or his books and instruments. This practice of wholesale robbery has gone about far enough, and the matter ought to be tested before the courts. By right of eminent domain the State may confiscate private property when the public need is great enough to overshadow private right, but only on condition that a just and proper compensation is given. On the same principle, a physician's opinion, based on years of study and careful observation, should be had when the needs of justice demand it, but a compensation should be allowed him in some degree proportionate to the tax made upon his time, and in some way thus repay him for his previous study and application.

In relation to the plea of insanity set up in this case, it may be remarked that a violent act in which a life of self-indulgence and unrestrained license culminates, will not be received by judge, jury or expert as a sign of that change of character which accompanies and characterizes insanity. Also, that although a jury may find a man "not guilty by reason of emotional insanity" when he kills the seducer of his wife, sister or daughter; equivalent to the Yorkshire verdict of "served him right;" yet, the jury cannot be packed in this country to acquit the man who cowardly murders the victim of his lustful designs, and who fails to yield up all her ideas of maternal duty at his bidding.

W. B. H.

#### *SEMI-CENTENNIAL CATALOGUE OF THE UNIVERSITY OF VIRGINIA.*

We have received the following circular, which we publish with pleasure, trusting that the enterprise will meet with a hearty response from all former students, medical and others, of this illustrious university:

"A complete record of the names of the professors, officers, visitors and students of the University of Virginia from the year 1825 to the present time, has been carefully compiled during the past two years, by M. Schele de

Vere, J. U. D., of the Chair of Modern Languages of this Institution, and it is now proposed by the undersigned to publish it.

Dr. Schele de Vere has served the University for the past thirty years with such eminent ability as to need no introduction here, but in justice to him the publisher must state, that he has generously presented this result of his labors for publication, as a tribute to his students and friends, and to secure to posterity; a valuable history.

This semi-centennial catalogue will contain, in brief—

A sketch of the founding of the university by Mr. Jefferson.

The full name of every professor, officer, visitor and student who was ever at the university since 1825.

The year of his birth; his residence, (P. O.); the year he spent at the university; the honors he gained there (M. D., B. L., A. M., &c.); the titles he acquired subsequently (M. D., D. D., LL. D., B. L., &c.)

His war record, if in the army.

The public positions filled, and the occupations pursued by him since.

His present occupation and post-office; or the date and place of his death.

This record of interesting facts, of the wide and wonderful influence of this institution of learning, will not only serve to awaken the deep interest which every alumnus must feel in it, and in recalling names long lost sight of, to revive many memories of infinite pleasure, but it will serve as an invaluable directory for literary men, merchants, manufacturers, etc., of the prominent men in various pursuits of life, in every State of the Union.

The publisher and the friends of the cause, desire to secure such a number of subscriptions as will not only guarantee the publication of the work in a highly creditable style, but will justify the price of \$2 00, within the means of every alumnus in the land.

The form of the book, as decided upon now, will be a large 4-to, of 350 pages, bound in fine cloth, embossed side, and printed on tinted paper.

Those students who have not replied to Dr. Schele de Vere, have yet an opportunity, and it is hoped that they will assist in making the work as complete as its nature will permit.



The publication involves a large amount of money, which, in better times, with the interest of an alumnus in the scheme, would not necessitate a request for subscriptions in advance from friends of the cause.

JOS. VAN HOLT NASH,  
*Publisher, etc."*

**SULPHATE OF CINCHONIDIA.**—Before accepting some recent reports as a final settlement of the claims of this salt to be received as a satisfactory substitute for quinia, it may be well to consider the report of Surgeon-Major Yates Hunter, of Bombay, who has given it a thorough test, by order of the Indian Government. He has used it by the mouth and subcutaneously, and, although efficacious in slight intermittents, it required to be given in larger doses and for a longer period than quinine and almost invariably caused severe headache and nausea. Hence, whether considered from an economical or therapeutic point of view he does not consider it a satisfactory substitute for quinine. Those of our readers who have read the recent flattering reports of its employment in our public institutions should receive them *cum grano salis*, and add a grain of a salt of quinia to each of cinchonidia if they would arrive at the best results. We would add, from personal experience, that the last-named salt sometimes causes a remarkable weakness of the heart's action when given in large doses.

W. B. H.

THE offices of Vaccinating Physician, City Chemist and Dairy Inspector have been abolished by the Board of Health. In relation to the vaccinating physicians, we think there can be no question regarding the propriety, or rather necessity, of their being retained. As regards the other offices named, as an economical measure, this is a step in the right direction. There are several other sinecures within the power of our local governments (city and county) to dispense with. If the other departments would imitate this example set them by the Board of Health, much good would be accomplished.

W. B. H.

THE first number of Vol. III, new series, of the *American Psychological Journal* has reached us. It is changed from a monthly to a quar-

terly, and presents a very fine appearance. Dr. Wm. A. Hammond retires from the editorial chair and Dr. Allen McLain Hamilton assumes that responsible position. We observe, among the associate editors, the names of Drs. J. K. Bauduy and Wm. B. Hazard, of this city. Dr. Hazard presents a consideration of the Cronenbold case, still fresh in the minds of our readers and of the St. Louis public. Dr. Loring, of New York, has an exceedingly valuable article upon the Retinal Circulation, and Dr. Frank H. Hamilton presents an equally valuable paper upon Surgical Malpractice.

WITH the present issue of the RECORD we begin our "Pharmaceutical Department." To this we invite contributions from all our readers. The humblest among us knows some fact which would be new to the rest; some excipient or adjuvant which in a fortunate moment he has hit upon, or some chemical fact which may some time have thrust itself forcibly upon him.

Furthermore, as St. Louis possesses no pharmaceutical journal, this department of ours is capable of being made of special interest to pharmacists here. It will be if they will take hold of it and each one contribute his mite.

## Book Notices and Reviews.

LECTURES ON SYPHILIS, and on some forms of Local Disease affecting principally the organs of generation. By Henry Lee, Professor of Surgery at the Royal College of Surgeons of England, Surgeon to St. George's Hospital, etc., etc. Philadelphia: Henry C. Lee, 1875. Pages 246. St. Louis Book & News Co.

After a cursory glance through the pages of these lectures, our first impression was one of disappointment, which feeling was created to a great extent by the author's statement in the preface, that the "principal object of the present work is to illustrate some of Hunter's doctrines, which the lapse of time and the dissemination of more recent views have obscured or caused to be forgotten." Some of Pearson's views with regard to the treatment of syphilis, which, in the author's opinion, "deserve more attention than they have lately received, are also considered." But a careful reading of the book shows that Mr. Lee has not confined himself to this bare outline; for while illustrating

the views of Hunter, and showing that many supposed new facts and discoveries had been long anticipated by his illustrious predecessor, he has enriched this especial field of study with much of value from the stores of his own ripe experience.

The following subjects, which are scarcely dwelt upon in the systematic works of other English authors, here receive careful attention: The inoculability of syphilitic blood in its various forms; the conditions under which the secretions of primary and secondary syphilitic manifestations may be inoculated naturally or artificially; the morbid processes produced by such inoculations; the modifications of these processes in patients previously syphilitic; primary and secondary syphilitic diseases of the mucous membrane and their liability to communicate constitutional syphilis; the essential differences of the morbid processes in which the constitutional and local forms of syphilis respectively have their origin; and the pathology and treatment of discharges from the prostate gland, Cowper's glands, and the vesiculæ seminales.

We had intended to place before our readers an abstract of some of the novel and suggestive points in this work, but we find that our space will not admit of a satisfactory presentation of these subjects. We therefore suggest that the work be procured and read for itself, as the really practical information contained in it will prove of immense advantage both to the specialist and general practitioner.

**TREATISE ON HUMAN PHYSIOLOGY**, designed for the use of students and practitioners of medicine, by John C. Dalton, M. D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine, of the New York Pathological Society, etc., etc. Sixth edition, revised and enlarged, with three hundred and sixteen illustrations. Philadelphia: Henry C. Lea, 1875.

In the present edition of this book, while every part has received a careful revision, the original plan of arrangement has been changed only so far as was necessary for the introduction of new material. The recent advances in physiology have developed many new facts and many more theories; without dealing any more than is necessary with the latter, the additions and alterations in the text requisite to present concisely the growth of positive physiological knowledge have resulted as the author states, in spite of earnest efforts at condensation, in an increase of fully fifty per cent. in the matter of the work.

The new chemical notation and nomenclature are introduced into this edition, and the centigrade system of measurements for length, volume and weight is also adopted.

These changes adapt the work more fully to the position it has heretofore justly held as a text book for students. The temperatures are given in degrees of the centigrade scale, usually accompanied by the corresponding degrees of Fahrenheit's scale inclosed in brackets.

The previous editions of Prof. Dalton's work on physiology have been so rapidly exhausted and it is so generally regarded as the best text book in the language upon the science of which it treats and the liberal alterations in the text brings it so fully up to the day, that we deem any further notice of the present edition unnecessary. S.

**A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS.** By Frank Hastings Hamilton, A. M., M. D., LL. D., Surgeon to Bellevue Hospital, New York, etc. Fifth edition, revised and improved, illustrated with three hundred and forty-four wood cuts. Philadelphia: Henry C. Lea. 1875.

This work speaks for itself; it requires no encomiums from us. The date of the preface to the last, the fifth edition, is September 10th of this year, and we receive it fresh from the publisher.

The rapidity with which each succeeding edition is absorbed by the profession, sufficiently attests the high rank it holds amongst surgical works, and the degree of favor with which it is regarded by those engaged in the practice of surgery. The volume is being constantly enlarged and enriched, and each edition is fully abreast of the times.

The author claims the honor, which will be freely accorded him, of having been the first to systematically collect, sift, classify and tabulate statistics illustrative of the amount of shortening, and other deformities consequent on fractures, etc., of the long bones. To this praiseworthy end he has labored for over thirty years, and he may now have the satisfaction of knowing that he is quoted as the highest authority on the subject, and that thus far his statistics are matchless and unrivalled. He has visited, in pursuance of this object, the hospitals in nearly all of the large cities of the country, examining and measuring the cases under treatment, searching their records where any exist, and supplements these figures with the results of his own cases, and the specimens in the various anatomical and pathological museums to which he has been able to obtain access for this purpose. That Dr. Hamilton has done his work faithfully and well, no one can gainsay who examines this revised and improved contribution to surgical literature.

The publisher's work has been equally well done, which is all that need be said.

H.

**HINTS IN THE OBSTETRIC PROCEDURE.** By Wm. B. Atkinson, M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia. Philadelphia: Collins, printer, 705 Jayne Street, 1875.

The subject matter of this little book of eighty-nine pages has already been presented to the profession by the author in his annual address before the Philadelphia County Medical Society in 1874.

No attempt is made to exhaust the subject or to offer to the profession a complete *vade mecum*, but what is said is well said, and we can heartily recommend this book of Dr. Atkinson to all, more especially, however, is it adapted to the young practitioner. S.

### BOOKS AND PAMPHLETS RECEIVED.

**PHTHISIS;** Its morbid anatomy, etiology, symptomatic events and complications, fatality and prognosis, treatment and physical diagnosis, in a series of clinical studies, by Austin Flint, M. D., Professor of Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc., etc., etc. Philadelphia: Henry C. Lee, 1875. For sale by St. Louis Book & News Co.

**HERMAPRODISM FROM A MEDICO-LEGAL POINT OF VIEW.** A Thesis presented to the Faculty of Medicine, Paris, 1874, for the Degree of Doctor of Medicine, by Basile Poppesco. Translated from the French by Edw. Warren Sawyer, M. D., (Harv.), Lecturer on Obstetrics, Rush Medical College, Chicago. Chicago: W. B. Keen, Cook & Co., Nos. 113 and 115 State street, 1875.

**ELECTRICITY** as used in Parturition, Post-partum Hemorrhage, and Resuscitation of New-born Infants. By Abner Murray, M. D., L. R. C. S., Edinburg, L. S. A. and Licentiate in Midwifery, Dublin. Reprint from *Psychological and Medico-Legal Journal*, June, 1875. New York: Printed by Edward A. Jenkins, 20 N. William street.

### Pharmaceutical Department.

CONDUCTED BY J. M. GOOD,  
Prof. of Pharmacy in the St. Louis College of Pharmacy.

"THE POPULAR HEALTH ALMANAC" has made its appearance, and fully justifies what we had reason to expect of it from the prospectus. Our readers will remember that, in our September issue, we called attention to it and its mission, which is to combat the nostrum trade. By the Almanac, it is thought

consumers of nostrums can be most effectively reached, for undoubtedly the publicity which many of these preparations enjoy has been obtained by advertising through this medium. The editor, Dr. Hoffman, says: "The nature, dangers and absurdities of nostrums will be laid before the public, and their exact or approximate composition, as far as ascertained by reliable examinations, published, with the names of the analysts, so that consumers may know what they use and may be able to have such preparations compounded at the drug stores, with greater reliability and at their real value, without paying a premium to irresponsible nostrum makers and their agents."

The formulæ for a number of patent medicines are given. We select the two which follow:

*Sage's Catarrh Remedy.*—Half an ounce of a green powder consisting of 200 grains of finely-powdered common salt mixed with 8 to 12 grains of powdered camphor, the same quantity of carbolic acid, and colored with a mixture of 20 grains of finely-powdered yellow puccoon root with 2 grains of indigo. (Bowen.)

*Radway's Renovating Resolvent.*—About 6 fluid ounces of a vinous tincture of cardamom and ginger sweetened with sugar. (Hager.)

In order to give our readers a correct idea of this publication, we copy the entire index: CONTENTS OF THE POPULAR HEALTH ALMANAC FOR 1876.

**CALENDAR:**—Tables of the 12 Months; Varieties; Sidereal Features of the Year; Population of the Union by States and Territories in 1790, 1800, '10, '20, '30, '40, '50, '60, '70; International Date Line; Postal Matters.

**EDITORIAL:** Introductory; Our Programme; Applied Health Knowledge:—Healthy Houses—Pure Water—Healthy Eating—Health of the Eyes; First Help in Accidents and Emergencies:—Burns—Rescue of Drowning Persons—First Treatment and Antidotes for Poisons; Nostrums and their Composition:—For Medical Use—Hair Dyes and Restorers—Lotions, Enamels and Powders for the complexion and Skin; Popular Works on the Subject of Health; Statistical Tables:—Area, Population and Average Density of Population of the U. S. in 1870—Comparative Statistics of Mortality in various cities of the U. S. for the year 1874—Comparative Statistics of Mortality in various cities of Europe for the year 1874—Elevation, Mean Annual Temperature, and Average Amount of Rain Fall at various places in the U. S.—Population of the Globe.

These almanacs are distributed by the druggist whose card appears on the first page of the

cover. For this he pays sufficient to meet the expense of printing the entire number which he circulates among his patrons.


It will be needless for us to expect this enterprise to be encouraged by any pharmacists who have not in view the advancement of their profession.

THE United States Pharmacopœia gives two processes for making dilute phosphoric acid; the first orders it made directly from phosphorus, the second from glacial phosphoric acid. Experiments have proven that the acid made by the latter process is 'unsatisfactory. If it be mixed with tincture of chloride of iron, a precipitate of pyrophosphate of iron will be produced, giving the mixture a milky appearance.

IF *volatile oils* are ordered in pill-mass, physicians must expect the pills to be larger than when it is omitted, as a *dry powder* is always necessary to absorb it, and then a large amount of excipient must afterwards be added to form the mass.

MERCURY with chalk should not be ordered in pills, as the manipulation necessary to form the mass squeezes out the mercury.

### Miscellaneous Notes.

 SUBSCRIBE for the ST. LOUIS CLINICAL RECORD. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

THE Leavenworth *Medical Herald* and the Kansas City *Medical Journal* have been discontinued.

MEDICAL STUDENTS IN LONDON.—The whole number of students at present pursuing medical studies in the eleven metropolitan hospitals in London, according to the official return, is 1,754, an increase of 29 over the attendance last year.

DR. JEWELL's able quarterly will be hereafter known as the "Journal of Mental and Nervous Diseases." It will be published in Chicago and New York simultaneously. The coöperation of Drs. Hammond, Weir Mitchell and E. H. Clark has been secured.

THE medical profession in Ontario is represented in the local legislature by no less than twelve gentlemen, this too in a house of eighty-eight members. With such a representation

there can be little doubt but the interests of the profession will be well looked after.—*Canadian Journal of Medical Science.*

WE have received the first number of the *Canadian Journal of Medical Science*, for January, 1876. It presents a fine appearance and shows evidence of much conscientious labor. We take pleasure in welcoming this new aspirant to medical favor, and wish our Toronto neighbor a long career of success and usefulness. We purpose to abstract the valuable article upon Diarrhœa, by J. Milner Fothergill, commenced in this number, when it shall have been completed.

SPURIOUS AMERICAN DIPLOMAS IN ENGLAND.—We learn from the *Philadelphia Medical and Surgical Reporter* that Gen. Schenck has made this imposture the subject of correspondence with the Government. There being agencies of the so-called Livingston University of America, and Philadelphia University of Medicine and Surgery, in London and elsewhere, the Governors of New Jersey and Pennsylvania have sent such information to the United States Minister in London as will demonstrate to our trans-Atlantic neighbors that the institutions named do not exist, and that their seals and parchments are worthless.

SULPHIDE OF CALCIUM FOR DIABETES.—DR. J. M. E. Scatliff, M. B., of Brighton, England, communicates to the *Medical Times and Gazette*, a case of diabetes occurring in a medical man, which was *immediately* relieved by Ringer's treatment, viz: Calc. Sulphide, one-eighth grain *ter die*, first in the form of powder mixed with sacch. lactis, gr. iij, and afterward in pills. A localized inflammation which had threatened to suppurate, terminated in resolution, and, although he did not abstain from starchy food at any time, in two days his urine regained its usual quantity and the sp. gr. was diminished from 1028 to 1023.5.

TRANSLATION OF AMERICAN MEDICAL WORKS.—Our readers will be gratified to learn that during the year Prof. Gross's *Manual of Military Surgery* has been translated into Japanese; that a German translation of Prof. DaCosta's papers on Irritable Heart has been issued at Berlin; and that Prof. Hamilton's work on Fractures and Dislocations is about to be translated into German, and published at Göttingen. Thus these gentlemen have received a merited compliment and the strongest evidence of the high appreciation in which their labors are held abroad as well as at home.—*Med. News and Library.*

WE notice several items in our exchanges extolling the virtues of Gelseminum as an anti-neuralgic. Also some notes upon its action: asserting that it is absolutely inert, in

neuralgia of the trigeminus, at all events. From the testimony of competent physicians here, we are inclined to the opinion that much depends upon the character of the disease as well as of that of the preparation used. In neuralgia of malarial origin it has appeared to be of advantage if given in full doses until its sedative action is fully established. On the other hand, in the epileptiform variety and that dependent upon the pressure of an exostosis, or the irritation of carious teeth, it has seemed but slightly efficacious, and of use only in the last-named class of cases.

**ARSENIC EATERS.**—The *Medical Times and Gazette* gives extracts from the proceedings of the recent meeting of German savants at Gratz, quoting Dr. Knapp's observations regarding the habit of arsenic-eating as practised in Styria. A number of unmistakable cases are mentioned as having come under personal notice, and Dr. Knapp is convinced that the habit is very prevalent in Upper and Middle Styria. Some of the arsenic-eaters reach a good old age, but the quantity taken is generally quite small. Nothing like arsenical cachexia was observed, but poisoning sometimes results from incautious use of the drug. Dr. Knapp has seen fourteen grains taken at a dose, but that was more than usual. It is taken at intervals of from two or three days to a week or fortnight.

**BROWN-SEQUARD ON THE EFFECTS OF CAUTERIZING THE BRAIN.**—At a meeting of the *Société de Biologie*, held on Nov. 6th, this distinguished neuro-pathologist read a paper upon this subject. In patients with lesions of the superior regions of the hemispheres he has several times found symptoms which resemble those of paralysis of the sympathetic; ptosis and contraction of the pupil of the side upon which the lesion was situated. He has attempted to reproduce these phenomena experimentally. By passing a red-hot iron over the superficies of the convolutions he constantly obtained closure of the corresponding eyelids, and frequently a notable contraction of the pupil. Other phenomena of paralysis of the sympathetic on the side of the injury were equally well ascertained, such as congestion of the conjunctiva, slight elevation of the temperature of the ear, and atrophy of the corresponding eye. What still more increases the practical interest of these researches is that similar phenomena have been observed; although to a less degree, after cauterization or traumatism of the dura mater and of the bones of the skull.—*Le Progrès Médical*, November 13th, 1875.

**NITRIC ACID IN THE TREATMENT OF DISEASES OF THE NECK OF THE WOMB.**—Dr. Edward John Tilt, well and favorably known to

all versed in the literature of uterine surgery, communicates to the *British Medical Journal*, the results of his large experience in the use of caustic applications to the *cervix uteri*. He does not indorse the extreme views of Dr. Braithwaite, accepted by the venerable Dr. Churchill, of Dublin, that nitric acid is the best form of caustic to use in all cases of cervicitis requiring a caustic. His views in this relation are as follows:

1. "That in comparatively recent cases of endocervicitis, nitrate of silver, tincture of iodine, or carbolic acid, suffices; 2, That chronic cases of endocervicitis had best be treated by acid nitrate of mercury or by nitric acid; 3, That hyper-chronic endocervicitis, with considerable cervical hypertrophy, requires potassa fusa cum calce, or some strong acid."

In relation to the last-named class of patients, he says:

"The treatment is solidly based on the recognized utility of caustics in a host of surgical complaints, and it has been well established by the Lyons school of medicine; but when such patients come and tell me what they have had done to them by men in authority, I never learn that a strong caustic has ever been applied. I hear of long, ineffectual treatment with nitrate of silver, of an acid having been used, of a pessary to support the womb, of uterine dilatation, of division of the cervix, or of leaving in the womb of one of those thirty intra-urinary pessaries which were handed round on a tray one night when I had the honor of presiding over the Obstetrical Society of London. I have even heard that there are practitioners who believe that they can benefit their patients by introducing the index into the vagina, to attempt to rectify a moderate amount of uterine displacement, three times a week, for two or three months; but I never hear that trial has been made of the only mode of treatment likely to effect a radical cure of these cases."—*Canada Medical and Surgical Journal*.

DR. GROSS, in his recent "History of American Medical Literature," uses the following language in regard to theses:

"There is a species of medical literature peculiar to medical pupils, which, unfortunately, as I conceive, found its way into the New World from the Old, at the very commencement of the organization of our first medical school. I allude to what are called medical theses, or inaugural dissertations, the bugbear of the student and the nuisance of the professor. Of this variety of medical literature our colleges have huge piles, especially the older and more popular ones; for every spring, in the Ides of March, large additions are made to their archives, usually badly written, not unfrequently ungrammatical, gen-

erally devoid of scientific information, and of no use to anybody, for it is not too much to say that not one in fifty affords the slightest evidence of competency, proficiency, or ability in the candidate for graduation. Often, indeed, they are not even composed by him; and occasionally, as I know from personal observation, they are plagiarized or copied, it may be verbatim, from such books as are within his reach, if not actually from the works of his preceptors. Happily, for the credit of the schools, few of these productions find their way into print. In the early history of medical teaching in this country the theses were generally written in Latin, as is still the case in some of the schools of Europe; and it was the custom, for a time at least, for the more prominent students to defend them publicly on commencement day. \* \* It would be well if, on the birthday of American Independence, a bonfire could be made of this trash, as it exists, without exception, in all our medical schools; and it is devoutly to be wished that the regulation which prescribes the presentation of the inaugural dissertation were abolished."

**REMARKABLE CASE OF RECOVERY AFTER GUN-SHOT WOUND OF THE ABDOMEN.**—Dr. E. D. Worthington, in the *Canada Medical and Surgical Journal*, for December, 1875, gives the particulars of a remarkable case of recovery after a gun-shot wound of the abdomen, with visceral injury. The subject was a school-master, aged twenty-one years, of temperate habits and good constitution, who went out shooting in the woods near Sherbrooke, P. Q., on a school holiday, October 30th. He had taken a hearty breakfast, which is of interest in relation to the subsequent events.

An hour and a half after eating, his gun, loaded with a small charge of powder and an unknown quantity of a mixture of all sizes of shot, including some buckshot, was accidentally discharged, the muzzle of the piece being within twelve inches of his body. The projectiles had to traverse his vest, trousers, flannel drawers, and two flannel shirts before reaching the abdominal wall. He vomited large quantities of blood mixed with partially digested food, but was able to walk some three hundred and fifty yards, to the edge of the clearing, where he was met by a farm horse and cart, and driven over very rough ground to his lodgings, in Sherbrooke, a mile or so away.

When Dr. Worthington first saw him, about three hours after the injury, he was suffering from severe shock, countenance pale, anxious and pinched, surface cold, pulse 68 and shaky and constant desire to vomit, each effort bringing up a spoonful or two of dark blood.

The margin of the wound was ragged and slightly oval,  $1\frac{1}{2}$  by  $1\frac{1}{4}$  inches in diameter and  $1\frac{1}{2}$  inches above and  $1\frac{1}{4}$  inches to the left of the

center of the umbilicus, the long diameter directed upwards.

Foreign matters were removed, a dose of morphia in a spoonful of brandy and water was given, and the wound was covered with a piece of lint saturated with carbolized linseed oil and a double of lint inclosing a piece of ice was placed over this.

During the first twenty-four hours nothing was given by the mouth but a few small fragments of ice and, occasionally, teaspoonful doses of brandy and water containing a little of Battley's solution of opium and five minim doses of Fleming's Tr. Aconite every three or four hours, according to the state of the pulse. A hypodermic injection of Battley's solution, 20 minims, was given a 8 p. m. of the first day. The symptoms of general peritonitis were at no time prominent, the pulse ranging from 125 on the day after the accident to 102 on November 4th, and 80 on November 5th, when a complete line of demarkation had formed about the slough occupying the site of the wound. The slough was removed on Nov. 15th, and consisted of woollen fibre held together by disorganized tissue. Was nourished by injections of beef-tea, eggs, etc., until Nov. 21st, when he had his clothes on, sat up all day and took some chicken and blanc-mange by the mouth, the first solid food ingested since the accident. On Nov. 25th the wound was quite superficial, no pain or uneasiness anywhere, and he was considered well.

During his illness he passed *eighteen shot, including one buckshot, per rectum.*

Dr. W. attributes the fortunate result to the unusually small charge of powder, the idiosyncrasy, or invulnerability of the patient, and to the combined influences of non-intervention and starvation.

**INTERNATIONAL MEDICAL CONGRESS.**—The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow citizens in celebrating the Centennial birthday of American Independence, have taken the initiatory steps for the formation of an International Medical Congress by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given the delegation has organized the Centennial Medical Commission, with the following officers: President, Samuel D. Gross, M. D., LL. D., D. C. L. Oxon.; Vice-Presidents, W. S. W. Ruschenberger, M. D., U. S. N., Alfred Stille, M. D.; Recording Secretary, William B. Atkinson, M. D.; American Corresponding Secretaries, Daniel G. Brinton, M. D., William Goodell, M. D.; Foreign Corresponding Secretaries, Richard J. Dunglison, M. D., R. M. Bertolet, M. D.; Treasurer, Casper Wister, M. D. Arrange-

ments have been made for the holding of the Congress in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning session of the Congress shall be devoted to general business and reading of discourses; the afternoons to the meetings of the Sections, of which there are nine, viz:

1. Medicine, including pathology, pathological anatomy and therapeutics.
2. Biology, including anatomy, histology, physiology and microscopy.
3. Surgery.
4. Dermatology and syphilology.
5. Obstetrics and diseases of women and children.
6. Chemistry, toxicology and medical jurisprudence.
7. Sanitary science, including hygiene and medical statistics.
8. Ophthalmology and otology.
9. Mental diseases.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest possible date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China and Japan. Invitations will also be extended to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances and the renewal and cementing of old friendships.

The Centennial Medical Commission tender in advance to their brethren in all parts of the

world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1876.

The registration book will be open daily from Thursday, Aug. 31, from 10 to 3 p. m., in the hall of the College of Physicians, northeast corner of Thirteenth and Locust streets. Credentials must in every case be presented.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, northeast corner of Locust and Thirteenth streets, Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate secretaries.

William B. Atkinson, 1400 Pine street, Philadelphia, Recording Secretary; Daniel G. Brinton, 2027 Arch street, William Goodell, 20th and Hamilton streets, American Corresponding Secretaries; Richard J. Dunglison, 814 N. 16th street, R. M. Bertolet, 113 South Broad street, Foreign Corresponding Secretaries.

---

## Home News.

---

SMALL-POX is present in the city as yet to a very slight extent only. A few weeks of severely cold weather may develop it in epidemic form.

ST. LOUIS MEDICAL SOCIETY.—The following gentlemen have been elected officers for the ensuing year: Dr. Prewitt, president; Dr. Briggs, vice-president; Dr. Hughes, corresponding secretary; Dr. Wm. Porter, recording secretary; Dr. R. J. Hill, treasurer.

FIRE AND BURGLAR-PROOF SAFES.—All who may be in need of safes should read the advertisement of G. V. Halliday & Co. The Macneale & Urban safes advertised, are so constructed as to defy the arts of the burglar as no other safe can do. Of course, dynamite or giant powder *might* effect an entrance, but Messrs., the safe-blowers, have too great a regard for their own lives to use them.

THE County Insane Asylum has at present three hundred and forty inmates. It was constructed to accommodate two hundred and fifty; hence the frequent escapes of patients and miserable results of treatment in that in-

stitution cannot be considered as in any way remarkable. Its solitary medical officer can be blamed only for retaining such an unenviable position.

QUARANTINE Hospital was closed, by order of the Board of Health, on December 31st. The patients were distributed to the other hospitals and the County Poor House. They were mostly of a chronic and incurable character. This is a measure of economy, but, we fear, an ill-advised one. All our charitable institutions are too full for efficient working now, and the condition of the indigent sick before the winter is over may well excite the most lively apprehension.

THE County Court has abolished the office of County Undertaker, and advertised for bids for burying the pauper dead. Seven dollars and fifty cents has heretofore been paid for the last rites to the poor. It seems that this is considered too heavy a tax upon the people, while the Morgue, costing several thousand dollars, as well as the expenses of our Superintendent of County Buildings for a pleasure trip to the great cities of the East, stands almost untenanted! If the Superintendent of the Morgue, with his assistant and servant, could be put to some use, making coffins, digging graves, etc., some economy might result. Further developments may be expected.

### TRIBUTE OF RESPECT.

JEFFERSON CITY, Jan. 3, 1876.

The Medical Society of Central Missouri, met in called session January 3rd, 1876. Dr. J. Baker, president, after calling the society to order, stated the object of the meeting to be for the purpose of paying a tribute of respect to Dr. Jno. H. Edwards, deceased.

Upon motion of Dr. G. B. Winston, Drs. R. E. Young, and Willis B. Winston were appointed a committee to draft resolutions.

Dr. A. C. Thompson amended the motion by adding Dr. G. B. Winston to the committee.

The following preamble and resolutions were presented by the committee and adopted:

WHEREAS, January 1st, 1876, Supreme Intelligence has been pleased to remove from the community of St. Joseph, Missouri, in the seventy-third year of his age, our much esteemed friend, Dr. Jno. H. Edwards; and,

WHEREAS, The greater portion of his professional life and labor, as preceptor, colleague and competitor was spent in this community, and in our midst; Therefore,

*Resolved*, By the members of the medical profession of the City of Jefferson, and the

Medical Society of Central Missouri, that by the death of Dr. Jno. H. Edwards, society has lost a most exemplary and upright member, and the profession a brother distinguished for his fairness, kindness and integrity.

*Resolved*, That we, from a long acquaintance and professional relationship, can testify to his entire professional life bearing the true stamp and type of a gentleman, and that while society has indeed lost in his death a most neighborly man, an upright and useful citizen, a tender and devoted husband, a kind and affectionate parent, a warm friend and faithful Christian, the profession has been deprived of a brother worthy of our acknowledgments. one of genuine professional merit, full of zeal, of manly courtesy, and warmest sympathy.

*Resolved*, That the members of this Society, deeply sympathizing with the bereaved relations, as a token of our high regard, esteem and condolence, offer through our Secretary a copy of the proceedings of this Society as our best tribute of respect to his memory.

*Resolved*, That a copy of the proceedings of this meeting be furnished the city papers, and also the St. Louis CLINICAL RECORD and *Medical Journal*, with request to publish.

DR. R. E. YOUNG,

DR. WILLIS B. WINSTON,

DR. G. B. WINSTON,

Committee.

CONSIDERABLE excitement was occasioned some weeks since by the arrest of a notoriously bad character named Doepke, while in the act of robbing a cemetery of a newly-buried body. This fact gave the reporters an opportunity to write sensational articles upon dissecting rooms and medical colleges which they were not slow to improve. It is needless to say that Doepke was not employed by any *attaché* of either of the medical colleges located here.

It has been the practice of late years for many of the interior towns to send their paupers and vagabonds to St. Louis, thus overtaxing our municipal and county charities, to the great detriment of our sorely-burdened tax-payers, as well as of our own deserving poor. Many of these poor waifs are too weak to be returned to their proper domiciles, and many are thus thrown upon our charity only to soon swell our mortuary list. Our medical schools are thus freely supplied with material for the dissecting room, without any necessity for the desecration of the graves of those who have friends to care for the final disposition of poor mortality's remains.

NATURE OF VACCINE VIRUS.—From his experiments upon vaccine, M. P. Bert concludes that its active principle cannot be an organism, but must belong to the class of diastases. After being subjected to 13 atmospheres of oxygen for 8 days it retained all its active properties.



## St. Louis Clinical Record.

VOL. II.

FEBRUARY, 1876.

NO. 11.

## Original Communications.

## NERVOUS DIARRHŒA.

BY WALTER COLES, M. D.

It is a generally accepted idea among the non-professional that certain diseases of the mucous membranes depend upon a particular set of causes which are compassed within a narrow and simple range. For instance, what is known in common parlance as a "bad cold," whether located "in the head," the throat, or bronchi, is invariably referred to that vague but convenient accident, "catching cold," from some imprudence or exposure. Most persons thus afflicted are prepared to inform the doctor, on his arrival, with great precision as to the time, place and manner in which they contracted their malady; and whether from a coincidence of views, or an indisposition to disturb a deeply rooted conviction, the medical man usually prescribes and goes away leaving his deluded patient thoroughly out of conceit with his "damp house" or some other innocent scape-goat, whereas the truth may be that his disease has its origin in a totally different influence, disconnected with the prevailing weather, or any other of the thousand and one familiar causes to which such troubles are attributed.

Apart from the extrinsic causes capable of exciting morbid conditions in the respiratory and alimentary organs, which come—whence and how, we really know very little—in epidemic waves, in an atmosphere, to all outward seeming, healthy and pure; there are intrinsic sources of local disturbance other than is generally supposed by the laity, or than seem practically admitted by the profession. This statement is true, notwithstanding the frequency with which these phenomena take place, and under circumstances well calculated to arrest attention. Every practitioner of experience knows, for example, that a child rarely cuts a tooth without some disturbance either of digestion or respiration. Such derangements are undoubtedly of a reflex nature; their char-

acter being determined to a great extent by surrounding circumstances, chief among which is temperature; when the weather is warm there is usually diarrhœa, when cold, there is bronchitis, sore throat, or pneumonia. In each case the prime cause of the difficulty is entirely intrinsic. So with adults—to whom this paper more particularly refers—it is quite certain that many of their throat, lung, kidney and bowel troubles are of similar origin; independent of extraneous influences on the one hand, or of purely local disturbance on the other.

Several inveterate cases of diarrhœa which have recently fallen under my notice—having defied all ordinary remedies for years—will serve as a basis for the few remarks that follow, and in the course of which, it is hoped some reflections may be evolved calculated to throw a little light on one of the most obstinate and troublesome affections to which the alimentary canal is subject. These cases, although denominated "chronic diarrhœa" by the patients themselves, present features in marked contrast with the well known symptoms usually attendant upon the more chronic forms of that disease. Apart from the fact that it is to a great degree uninfluenced by ordinary causes and the more common remedies, there is present an unmistakable *nervous element* which, sooner or later, even the sufferer himself is forced to recognize. There is a striking similarity between some of its phenomena and a kindred affection of the bladder; in neither case is there a profound local lesion, nor are the symptoms constant or uniform. There are certain periods of the day when the calls to stool are most frequent; indeed this is generally or almost exclusively the case at night or early in the morning, the mid-day hours being spent in comparative comfort, unless there is some unusual nervous or emotional perturbation, when the discharges are readily excited and may follow in quick succession. This almost invariably occurs if the patient allows his thoughts to dwell upon his malady. Patients will generally remark that they find it impossible to attend church or private entertainments, lest the thought of their situation at once induces a desire to go to stool, a desire so sudden and imperative as to brook no delay. So extremely sensitive was one of my patients to influences of this character, that it was at

times quite impossible for him to converse about his case, or describe his symptoms without first placing himself in position upon his chair. In another case, a gentleman who had completely abandoned social visits or going any place where he was not free to respond to calls of nature promptly, informed me that on one occasion when feeling perfectly well he thoughtlessly consented to act as pall-bearer at the funeral of a friend, but no sooner had the procession started than he began to reflect upon the embarrassment he would be in should his weakness overtake him. Almost instantly, as the idea flashed upon him, he was seized with a pressing desire to evacuate his bowels, compelling him to leap from his carriage and seek refuge in a neighboring privy.

Since this form of diarrhoea depends neither upon indigestion, want of assimilation, or local lesion, it is not, as a rule, accompanied by the same degree of emaciation as the ordinary forms of the disease. Some suffer little or no apparent degradation of health. One of my patients, during three years that the disease was on him, gained forty pounds in weight, and presented a healthy, ruddy appearance; another was not seriously depleted, although each had generally from four to six watery evacuations daily. Both, however, were exceedingly nervous, one of them, a healthy robust looking man, was subject to occasional spells resembling hysteria, at which times there was a deep red or livid flush on the face.

The character of the discharges in this affection is somewhat peculiar, being always quite fluid, and generally, unless when frequent, profuse. They are mostly of a dark, or mahogany-like hue, though sometimes almost as light as in cholera, and again, when there is much tenesmus—which is not often the case—there is considerable blood, generally of a florid color and unmixed with mucous, as in dysentery. There is generally a lack of fœtor, and even of the characteristic fecal odor.

Unfortunately our knowledge of the pathology of this interesting disease is limited. It is an easy matter to say that there is vaso-motor paralysis culminating in osmotic escape of serum, or even of a little blood, from the capillaries. Such, indeed, is doubtless a correct statement of the facts so far as they go, but this conclusion only starts us one step on the road towards the true source of the diffi-

culty. Our general knowledge of the sympathetic nervous system, with its numerous ganglia, plexuses, and net work of fibres in relation with all the viscera, simply reveals a vast unexplored region of physiology and pathology of which science has as yet obtained but a general bird's-eye view. True, the researches of Budge, Auerbach, Meissner, His and others have thrown much light upon the anatomical and physiological relations of the ganglionic system to the intestinal track. Budge showed that there is constant diarrhoea after the extirpation of the celiac ganglion in rabbits. Authorities differ as to the functions of the plexuses of Auerbach and Meissner, though it is tolerably certain that between the two (the former situated between the two muscular layers, and the latter beneath the mucous membrane) the peristaltic and vascular functions are controlled. It is equally or even more certain that the center of vaso-motor power is within the cranium, hence the extreme difficulty of tracing with certainty the morbid impulse, in an affection like that under consideration, to its fountain head. The intimate connection which exists between psychological excitement and the diarrhoeal symptoms would seem to rob them of a purely local importance. This conclusion is further sustained by the inertness of remedies addressed to the intestinal canal.

I am not positive that there was anything in the previous history of my two cases calculated to throw much light upon the question of *pathology*. I have suspected that there was one circumstance in one of them which played a prominent part in the production of the symptoms: he received, in 1865, a severe gun-shot wound, the bullet passing transversely through the body immediately in front of the spine and midway between the thorax and the crest of the ilium, recovery from which was very slow; there remaining for a long time slight paraplegia. The bowels were never regular after this accident, and gradually, as the paralysis passed off, the diarrhoeal symptoms became established. This gentleman, with the exception of his bowel trouble, enjoys fair health, and is an active business man. It is quite probable that some of the important branches of the sympathetic were injured by the ball.

The other patient, a man of about fifty, has always, until a few years back, been healthy

and vigorous. Of late he has been much troubled with chronic rheumatism in his knees and fingers; he has also had frequent malarial attacks. With these exceptions and of the development of intense nervousness, his general health has been good, having, as before remarked, grown quite stout. His appetite is good and assimilation seems perfect. The previous habits of these patients have been as fair as with most men, with the exception of the inordinate use of tobacco, both having been great smokers. The latter has, however, given up tobacco since the commencement of his nervous spells, three years ago; the former uses the weed freely.

In cases like these, all treatment must be necessarily empirical, though in one of my patients I think I have succeeded in effecting a cure. In the younger and more chronic of the two, in which there had been a gun-shot wound, no line of treatment has availed much, although it is fair to state that remedies have never been as systematically persevered in as they should be, nor has the interdiction of tobacco been heeded. When I first saw this case all the ordinary opiates and astringents, including strychnia, had been employed in every imaginable shape and combination, with no other benefit than a temporary restraining influence. This gentleman, recognizing the nervous phase of his complaint, had worn, for several months, an electric plug in the rectum, composed of two metals arranged as in the ordinary intra-uterine galvanic pessary. This instrument only aggravated his symptoms. The internal treatment in the other case had been similar and equally unsatisfactory. Before coming into my hands, a sojourn at the Hot Springs of Arkansas had mitigated the rheumatic symptoms, but in no way improved the diarrhoea. Subsequently to leaving the Springs the patient thought he derived most marked benefit in the relief of his stiffened joints by wearing, under my directions, a galvanic combination of rings upon his fingers and Garratt's discs above the knees. On being relieved of rheumatism, attention was directed to the bowels. A firm compress or supporter around the large and pendulous belly afforded great comfort and some apparent benefit to the diarrhoea. The patient's diet was regulated and simplified, and eight grains of French pepsin, with five grains of subnitrate of bis-

muth, given at each meal. One of the following pills was directed to be taken three times a day, and subsequently every six hours:

**R**

Solid ex't Secale Cornut. (Squibb), 3iij.

Ex't Belladon. grs. xv.

Acid Arsenios. grs. ij.

Sulph. Quiniae, 3iij.

Glycerin, qs.

**M.** Ft. in pil. No. LX.

This gentleman returned to his plantation in the South last October, taking a copy of his prescription with him, also a letter from me to his physician, suggesting that this plan of treatment be persevered in for a sufficient length of time to test its efficacy. I have recently heard from my patient that he is entirely well and in the enjoyment of better health than for years past. The object of treatment here was to overcome any lurking malarial influence, and also to act as far as possible upon the intestinal capillaries. With this view the ergot and belladonna were administered, believing, as I do, that their action is analogous upon the vaso-motor system, producing capillary contraction. The testimony of Schroeder and others is strongly in favor of this view as regards ergot, while the conclusion of Brown-Séquard, Bennett, and a legion of other observers accords similar properties to belladonna.

I regret that, owing to the fact that the other case has passed out of my hands, I have been prevented from employing a similar course of treatment, though the probabilities would be against its success in view of its peculiar history.

3004 Olive street.

### DR. E. M. BARTLETT'S SURGICAL CASES.

#### *Radical Cure of Salivary Fistula.*

REPORTED BY CLAYTON KEITH, M. D.

J. H., aged ten years, suffered from an abscess beneath the right ear, at the lower margin of the parotid gland, and applied to a physician for treatment. A free incision was made, pus evacuated and patient relieved. The incision did not heal completely, leaving a fistulous opening at the most dependent portion of

what had formerly been an abscess, and an almost constant discharge was the result.

The discharge was clear and watery and most abundant during mastication. The amount of the discharge would sometimes equal "half a teacupful" at a meal. Patient reclined at his meals and allowed the secretion to run into a teacup. The physician assured him that he was suffering from "scrofula," and treated him accordingly, making no attempt at a surgical operation.

This condition continued for seven years. Patient applied to me for treatment one month ago. On examination I found a salivary fistula opening externally and immediately posterior to the angle of the inferior maxilla. Steno's duct had been divided at a point corresponding with its exit from the parotid gland, and there had been formed an artificial channel leading from the gland downward to the lowest part of the incision, as shown by the cicatrix.

My first effort was to explore the duct of Steno. I passed my probe into the duct to within about three-fourths of an inch of the fistula, where I met an obstruction. Beyond this point the duct had been obliterated. I then cut down, from without, to the point of the probe. I then passed a needle armed with a strong silk thread, from the opening just made in the cheek, to a point, about a line above the fistula, penetrated the artificial channel above the fistula, and, turning the point of the needle downward, brought it out at the fistula, allowing the thread to remain as a seton. In this way I hoped to make an artificial duct from the fistula to the artificial opening just made. After thirty-six hours I removed the seton and passed a small-eye probe along the track of the seton from the artificial opening to the fistula, then around the probe with a silk thread, having a knot in one end, drew the probe backward and out, leaving one end of the thread on the outside of the cheek at the artificial opening, after having buried the knot at the other end, in the artificial channel above the fistula; and then closed the fistula with a suture externally. After the artificial duct from the fistula to the artificial opening in the cheek had been sufficiently established to permit the saliva to flow out freely upon the cheek at the artificial opening, I was ready for the next step in the operation. I had then moved the fistula forward on the cheek and closed the

fistula behind the angle of the jaw. I wanted to know certainly that an artificial duct had been established from the fistula to the opening made in the cheek, before I proceeded farther, else I should have brought the thread forward through the natural duct and finished the operation.

I next passed my probe backward through the duct from the inside of the mouth to the artificial opening in the cheek, armed the probe with a silk thread and again withdrew it, drawing the thread through the natural duct, leaving one end of the thread on the inside of the cheek suspended from the natural opening of Steno's duct, opposite the second upper molar, while a knot in the other end of the thread retained that end in the artificial opening. I then closed the opening in the cheek with plaster and the saliva has since been flowing out at the natural opening. Both external openings have healed. The saliva readily followed the thread, the thread acting as a conductor, hence I preferred it to silver wire. The cure is radical.

LOUISIANA, Mo.

### CASE OF POISONING BY OIL OF TANSY.

BY G. B. CHANCE, M. D.

The following notes were written down immediately after the events recorded:

As Tansy (*Tanacetum vulgare*) has a popular reputation for abortifacient and emmenagogue properties, and as its effects in poisonous doses are described in few of the text-books, it may be well to publish the following, that your readers may have the facts regarding treatment at hand.

Mrs. S., aged thirty-nine, English, phthisical, has had eight children, three of them living at date (May, 1875), menstruated last in March. Fearing that she was *enceinte*, she procured "ten cents worth" (about three drachms) of the essential oil of tansy; took a small dose at 6 o'clock p. m., and at 8:45 p. m. took the remainder. The writer was called at 11:15 p. m. The husband related the fact of her having taken the oil, as above stated, and said she had been in "spasms."

Found her not convulsed but comatose; countenance and hands cyanosed; similar to

the stage of collapse of Asiatic cholera. Respiration 18 per minute, frequently sighing in character. Pulse 86, weak and thready. No vomiting or purging. Pupils normal. Gave immediately a heaping teaspoonful of ground mustard in a glassful of warm water, which induced copious vomiting. Followed this with large draughts of warm water. The matters vomited had a powerful odor of tansy. There was a little mild delirium when she could be roused. The pulse becoming more frequent and feeble, whiskey was ordered, diluted with twice its volume of water. The pulse gained in power and fell in frequency until it numbered 80 to the minute.

Next morning she was able to go about her house-work, still felt some giddiness and weakness of mind. For several days the mental hebetude continued, shown, mainly, by partial loss of memory.

In Taylor's Medical Jurisprudence it is stated that tansy has no effect upon the gravid uterus. In the case under consideration the menses made their appearance the day following the ingestion of the essential oil, and continued regularly to reappear afterward. Of course, it is possible that pregnancy did not exist, and that the suppression was due to the bad state of general health of the woman; still I am inclined to the opinion that the popular idea upon the subject is not entirely without foundation, and that many criminal abortions have been thus induced.

## Extracts and Abstracts.

**MAURY'S TREATMENT OF CHRONIC DYSENTERY BY TOPICAL APPLICATIONS.**—Dr. T. Gaillard Thomas contributes to the *New York Med. Journal* for Jan. 1876, the most valuable paper we have noticed for many years upon this distressing affection. So uniformly remorseless is its usual course, so determined is its hold upon its victim, so rebellious does it show itself to all varieties of treatment, that our readers will be glad of an extended abstract of Dr. Thomas' article.

The patient, a lady from Louisville, Ky., first consulted Dr. Thomas, Sept. 16th, 1875. She was first taken ill Dec. 9th, 1870, at the moment she received the unexpected intelligence of the death of a brother. The disease became chronic and exhausted her by the severe pain, frequent evacuations and hemorrhages which accompanied it. At short intervals

acute attacks would be engrafted upon the chronic state, apparently excited by indiscretions in diet or unusual fatigue, and in some of these her condition became alarming. During all this time, nearly five years, she had from eight to twenty-seven or more actions from the bowels every day, all containing blood and mucus. She lost color, appetite and strength, while her nervous system was in a most pitiable condition. The treatment which gave her most relief was some injections used by Dr. Goodman, of Louisville, but she was soon discouraged and ceased them after a short time.

All ordinary methods of treatment having been essayed without result, Dr. Thomas concluded that the only hope of curing her lay in a resort to local treatment. The method adopted was as follows:

On September 19th she was anæsthetized and a thorough examination of the rectum was made. After etherization she was placed in the left lateral position, and after stretching of the sphincter ani by the fingers, a long duck-bill speculum was introduced. This was held by the nurse exactly as in vaginal examinations, while by a depressor the anterior rectal wall was pressed downward. The whole canal was then seen with the greatest facility, being fully exposed up to the sigmoid flexure. It was cleansed of all fecal matter by a long glass tube so bent upon itself at its upper extremity as to throw a stream of water from a Davidson's syringe back toward the anus.

Throughout the whole extent of the intestine thus exposed to view the mucous membrane was seen swollen, cedematous, hanging in hemorrhoidal masses and studded with deep ulcers with grayish bottoms. It was greatly engorged and presented that deep red, almost violet, hue which is seen in the throat in cases of diphtheria.

On this occasion no application was made. On the 30th of September ether was again administered, and the bowel thoroughly cleansed. A small piece of wet cotton was wrapped around the end of a whalebone rod; this was dipped in pure commercial nitric acid. The swollen mucous membrane and all the ulcers existing between the sigmoid flexure and the anus were then lightly touched. No superfluous fluid was allowed to attach itself to the cotton and the cauterization was nowhere practised to the extent of rendering the occurrence of sloughing possible.

A slight amount of pain was felt after recovering from the anæsthetic, she was soothed and slept well; the first real respite from suffering she had experienced in five years.

She was confined to the milk-diet as much as possible and limited as to exercise, but this was not insisted upon for fear of disheartening her. The number of evacuations, the amount

of blood passed, and the degree of pain were decidedly diminished.

On October 9th a second application of nitric acid was made with still more beneficial results. After it the milk-diet was more strictly adhered to and exercise was more restricted.

On the 11th of October the third and last application was made. The improvement in the appearance of the bowel was striking. The ulcers had almost entirely disappeared; the mucous membrane was much less swollen; and the appearance of engorgement was much modified. After this application the milk-diet was strictly adhered to and the patient for ten days confined to bed. The result was surprising. Blood ceased to pass in the evacuations; these, in three days, became limited to one in twenty-four hours; and she rapidly improved in health and spirits.

On October 26th she writes: "To-day I feel that I am entirely relieved, having now, for eight days, had only one action in every twenty-four hours. All pain has left me. I am gaining flesh, color, appetite, and spirits, and there is not even a trace of dysentery left."

On October 22d she left her bed, began to eat small amounts of animal food and bread, rode out every day, and on the 26th returned to her home in Kentucky.

On November 8th there had been no relapse.

Dr. Thomas says that as change of air and milk-diet had failed when previously tried in this case, that no great stress can be laid upon these measures as affecting the cure which can be attributed only to the cauterization of the rectum as before described.

Dr. Thomas does not claim the credit of originality in the plan of treatment described, but gives it to Dr. R. B. Maury, his former pupil, of Memphis, Tenn. Dr. Maury described in the *Atlanta Medical Journal*, 1872, eight cases of chronic dysentery, which he treated with nitrate of silver applications, seven of which recovered. The application varied in strength from the solid stick, to a drachm to the ounce of water. His theory of its action is as follows:

"In these cases the rectum is exceedingly irritable, and responds to the slightest impressions. Through reflex action these impressions keep the whole alimentary canal, but especially the colon, in a state of disturbance, and rest, which is so important in the treatment of all inflammations, is thereby rendered impossible.

The local applications not only exercise an alternative influence upon the ulcers, and thus promote their healing, but, by blunting the sensibility of the inflamed rectum, thus restore quiet to the entire intestinal tract."

He also suggests that this treatment should be instituted in every case of dysentery which

had continued for six weeks or more, and has therefore ceased to be acute.

Dr. Thomas prefers nitric acid to the nitrate of silver, as it is a less painful, more effectual, and equally manageable caustic.

There was no fear of rectal stricture resulting, for it could act thus only when applied strongly enough to create sloughing of the superficial tissues and deposit of lymph, the result of inflammatory action, in the deeper structures. The use of the caustic in this case was entirely too light for any such result to occur.

As it is extremely unlikely that injury could result to any case of chronic dysentery thus treated, he hopes that others will test the matter, and publish their results, whether favorable or the reverse.

ON DIPHTHERIA AND ITS RELATIONS TO (SO-CALLED) CROUP.—Dr. R. H. Semple read, before the Royal Medical and Chirurgical Society (*British Med. Journal*, Nov. 13, 1875), a learned paper with this title, in which, while by no means alleging that croup and diphtheria were synonymous words, he maintained that the term "croup," as generally employed, comprised at least three very different affections; namely—1. Laryngismus stridulus; 2, Infantile laryngitis; and 3. Tracheal (or rather laryngo-tracheal) diphtheria.

In the discussion which followed, Dr. West said that, however interesting researches into antiquity might be, he doubted whether they could settle the matter. The old writers, indeed, described accurately what they saw; but they did not give the minute details now regarded as necessary for settling diagnosis. They were like the old anatomists, who described the aorta and vena cava as they saw them accurately enough, but were unacquainted with points known at the present day. In the present day, paralysis is regarded as one of the distinguishing characters of diphtheria; but, in spite of his care in observation, Bretonneau did not seem to have noticed it. Some years ago, at the Children's Infirmary in Lambeth, Dr. West met with cases which must have been diphtheria; but he had no note of subsequent paralysis. Dr. Cheyne, an accurate observer, had described croup, and had employed bleeding successfully in it; and in several cases Dr. West had opened the jugular vein in children with success. These cases, setting in with more or less of catarrhal symptoms, cough, difficult breathing, etc., were distinct from what was called diphtheria, where there was, perhaps, no febrile movement, but extreme depression, and in most cases distress about the larynx. In such cases, bleeding would destroy the patient's life. He asked whether these were one or two diseases—whether it was to be considered that croup and diphtheria were allied to each other, being different manifesta-

tions of the same disease, and not more different from each other than the mild and the severe forms of scarlet fever. He had hitherto believed that the two diseases were distinct; that one was a local inflammation, and the other a blood disease. He still held the same opinion; but his belief was becoming less positive in consequence of the increasing evidence on the other side. The question could scarcely be settled satisfactorily by individual observation; and he would suggest the appointment of a committee of the Society to investigate the subject. The questions to which answers were required were: Do croup and diphtheria prevail epidemically at the same time and in the same locality? Does croup (without albuminuria or paralysis) observe a different rule from diphtheria as to epidemic prevalence? Are cases of the two diseases met with in the same family at the same time? Is the croupe of Cheyne accompanied by albuminuria? Are both diseases followed by disorder of the nervous system?

Sir William Jenner had till recently held that true membranous croup and diphtheria were distinct diseases, and had strongly expressed the opinion. Larger experience, among the poor as well as among the rich, had made him alter his views; and he now regarded the evidence as all but conclusive on the other side. But still he was not quite sure on the subject. The grounds of his change of opinion were the following: He had seen in cases of croup, albuminuria, which was said to be peculiar to diphtheria. He had also met with a case in which a surgeon had a laryngeal membranous deposit in consequence of the discharge from a diphtheritic patient. Again, he could not allow the idea of a sthenic and an asthenic condition to stand in the way of the identity of the disease. He thought that Dr. Cheyne had confounded catarrhal laryngitis with croup. In 1817 and 1818, relapsing fever was described by Cheyne and others as typhus; they bled successfully, and the patients recovered, and the conclusion was arrived at that bleeding was the remedy for typhus. He had seen one case of true croup followed by nervous symptoms; and one of apparently true diphtheria coming on after exposure to cold.

Dr. Dickinson had seen a large number of cases of croup and diphtheria at the Children's Hospital; and he agreed that the last word had not been spoken on the subject. He thought that the view of the identity of the two diseases amounted to nothing less than recognizing one cause for all membranous exudations on the larynx. If two causes were acknowledged, one a poison and the other cold, it was easily seen how one class of cases tended to prostration and the other to the formation of a limited false membrane. He held to the old view, that croup and diphtheria were essentially distinct. Dr. Semple said that he had

spent much time in investigating the subject, and he was pleased to find that authorities of high influence held views similar to his. He had long entertained the opinion that membranous croup and diphtheria were synonymous. Croup was an old Scotch word, merely indicating difficulty of breathing from some cause. No particular signification could be attributed to it. But diphtheria was an entity. Commencing on the fauces and tonsils, it might, and often did, spread into the larynx and trachea; and, when it did so, it was the same disease as that called membranous croup. He had expected more opposition to his views than had been expressed in the discussion. Dr. West, instead of opposing, had confirmed them. He had studied Cheyne's writings, and found that that physician had evidently confounded infantile laryngitis with pseudo-membranous croup. The French writers did exactly the same thing, until Bretonneau clearly distinguished the disease diphtheria. Again, in the early appearance of diphtheria in this country, many disorders were described as diphtheritic which were really not so. In concluding, he said that, while diphtheria was the same thing as so-called membranous croup, it by no means followed that croup always meant the same thing as diphtheria.—*Abstract Medical Science.*

**HYPODERMIC ALIMENTATION.**—Dr. Jas. T. Whittaker read a paper before the Cincinnati Academy of Medicine, Jan. 17th, 1876, which contains the notes of an interesting case observed at the Good Samaritan Hospital, in that city, as well as a partial *resumé* of the literature of the subject. We make the following abstract from the paper as published in *The Clinic*, Jan. 22d:

The case referred to was reported by Dr. T. A. Dickey, Resident Physician, and was supposed to be one of gastric ulcer. The patient, Maggie —, aged twenty, was admitted Nov. 3d, 1875. Native of Ohio, of a healthy family. Five years before, when actively exercising, she felt a sharp pain in the epigastrium, which was increased by the ingestion of food and had persisted to the date of admission. For the five weeks previous to her admission she suffered from vomiting, and became very emaciated, anæmic and debilitated. The pain radiated backward between the scapulae, was increased by taking food or drink, and was relieved by vomiting.

Blood was twice discovered in the matters vomited, which usually consisted of the ingesta only. Milk in teaspoonful doses was rejected, also enemata of the same. On Jan. 6th, '76, there was marked emaciation, pulse very feeble, almost imperceptible, high temperature, pain in head and back, in the afternoon and night the delirium of inanition, exhaustion complete, death imminent. Dr. Whittaker, after failure to retain enemata of strong

mutton broth given by Mosler's method, commenced hypodermic injections of a teaspoonful of milk, alternated with beef extract, every two hours. These were continued from the 6th to the 9th inclusive. Under their use, *the patient taking no food whatever by the mouth or rectum*, the temperature declined, the pulse became fuller and stronger and the delirium and pain disappeared. She then became able to take and retain milk by the mouth. On the 10th, this causing pain, hypodermic alimentation was resumed, cod-liver oil being substituted for the milk, two drachms being given every two hours. On the 12th she was able to take food without pain or nausea; on the 17th (the date of the report) she could walk about the ward and take her meals regularly. On one day, as much as four ounces of the oil was given in eight injections, with no ill effects following. The injections were made slowly with a syringe holding a teaspoonful; the body of the instrument being unscrewed from the tube for refilling. Two small abscesses followed the milk injections, none from the oil.

Dr. Whittaker accounts for the rapid absorption of cod-liver oil and its innocuity, by the fact that this oil contains bile which is capable of saponifying a portion and this saponification aiding emulsifying of the remainder, it is all capable of rapid absorption by the capillary vessels, as well as of being taken into the blood by virtue of the alkalinity of the last-named fluid.

Küss alludes to the fact that "If the blood be surcharged with fats, the fatty substances will be found nearly entire in the alvine discharges and scarcely any will be absorbed." *Per contra*, Dr. W. thinks that in emaciation the blood is greedy for fat, hence its speedy abstraction from the panniculus adiposus and the swift absorption of all that can be artificially inserted in its place.

The discovery of this new avenue to the blood for aliment will enable us to limit the number of deaths wherever alimentation is, from any cause, interfered with, and death by inanition is otherwise imminent.

**COTTON PESSARY.**—Dr. R. A. Page, of Washington, D. C., (*N. Y. Med. Jour.*) describes a new application of raw cotton to the treatment of uterine affections. He says: "It can be worn without discomfort, is elastic, retains its proper position while yielding to the motions of the body, is not an obstruction to the passages of the bladder or rectum; and \* \* \* like the wads so much in favor at present, can, like them, be medicated to suit the requirements of various forms of uterine disease."

The instrument is of the form of a tiny dumb bell, i. e., a shaft with a ball on each end. To make an instrument of the ordinary size required, take a piece of hard rubber rod

the thickness of a lead pencil and one and one-half inches long. It may be bent in any curve desired by heating it slightly in the flame of an alcohol lamp and moulding it with the fingers. "The rod thus prepared is laid upon a piece of cotton batting, about ten inches long by eight wide; (jeweller's cotton is preferable); the long edge must be folded over about an inch and a half on each side. The rod is then placed at the short edge of the cotton, and firmly rolled the whole length of the piece, after which it is wrapped in the center tightly with strong sewing silk for a space of about an inch and a half, leaving a soft, compact and elastic ball at each end. Over the wrapping I sew a piece of lint very smoothly, with the nap outside, and the pessary is complete."

The cotton is folded over before the rod is rolled, to prevent fraying or ravelling, and to protect the end of the rod. Jeweller's cotton is preferable, being very white, soft and clean, and about an inch in thickness.

This pessary made without the rod acts very well in cases of prolapsus, but is not so comfortable to the patient.

To introduce the instrument use Sims' speculum, place the uterine extremity in the desired position and push the other end up under the pubic arch and hold it there while the speculum is being removed. For the application of styptics in menorrhagia or flooding it is an excellent tampon.

It may be retained two or three days and after its removal can be cleansed if necessary. The discharges do not penetrate the substance of the pessary, so they are easily removed, when it may be soaked in a mild solution of carbolic acid, after which it may be used again.

"In cases of ante- or retroversion, by placing one of the ends of the instrument, after it is anointed with glycerine carbolate, in the anterior or posterior *cul-de-sac*, the uterus is completely supported." In these cases the physician should apply the pessary himself, but in prolapsus the patient may be instructed in its adjustment, and save herself much expense, which consideration often seriously interferes with the proper treatment of these cases.

**CASE OF LABOR WITHOUT LIQUOR AMNII.**—Dr. F. D. Lente (*American Journal Medical Sciences*, Jan. 1875) gives the particulars of a case of this rare form of labor. It occurred in a woman who was already the mother of five children. According to the information attainable she was at the end of the tenth month of utero-gestation. When first seen the os was fully dilated and a left occipito-anterior presentation of the vertex was easily ascertained. There had been *no discharge of water whatever*. The foetal heart was heard beating



loudly in the left iliac fossa. The abdominal muscles not acting at all, and the pains being severe though not expulsive, the plan of *compressing the uterus firmly with both hands during the pains* was adopted with complete success, the head being delivered after two pains, and the body following with slight traction. The child hardly breathed, and was almost as pale, at first, as if it had died from hemorrhage. The usual restorative processes were resorted to, and after an hour it breathed normally. However, it gradually sank and died after two or three *quasi* convulsions of a mild character.

The "motion" of the fœtus was quite strong until nineteen days before delivery, when it gradually ceased. Dr. Lente thinks that it is probable that the secretion of *liquor amnii* ceased at the time indicated, and that the supply already existing was gradually absorbed.

*Not a drop of fluid, other than a very little blood, accompanied or followed the delivery.*

"The compression of the child prevented active movement, and the compression, increasing with the approach, and the actual commencement and progress of labor, and thus interfering, for a protracted period, with the peripheral circulation, caused the marked bloodless appearance of the surface and the depression of vital power, which led to the death of the infant in spite of the full establishment of respiration."

Dr. F. A. Burrall's case, reported in the *American Journal of Medical Sciences* for October, 1875, is quoted. Dr. B. came near mistaking the *caput succedaneum* for the "bag of waters," but was prevented from puncturing it by detecting the fine hairs upon the scalp of the child, a diagnostic mark which is insisted upon as being of great importance. "It is important for obstetricians, therefore, to bear in mind that such cases, though very rare, may again occur;" and use due caution in puncturing what is supposed to be the presenting membranes.

**DIFFICULT LABOR FROM ABNORMAL RIGIDITY OF THE OS.**—Dr. George Colderwood (*Obstet. Jour. of Great Britain and Ireland*, Jan. '76), writes the particulars of a case in which labor was delayed and the patient nearly exhausted from this cause. He considered that Barnes' dilators would have been useless from the unnatural rigidity of the *os uteri*, and that cutting the *os* in several directions was inadmissible on account of the danger of subsequent tearing in any further efforts that might have been made to effect delivery, and by the natural contractions of the womb itself; therefore he decided to gradually dilate with the hand, turn and deliver. One finger was first introduced, then, after a time, a second, and so on until all were introduced without any perceptible laceration. He waited a short time, then

proceeded to turn and deliver. The same process was gone through with in delivering the placenta, the only obstacle to natural delivery being the same rigidity of the *os*. He thus sums up: "Use Dr. Barnes' dilating bags if they are suitable for the case—that is, if you have time, and if they are sufficient to effect dilatation; if not, use the hand, as I have described, in preference to incisions."

**APOMORPHIA AS AN EMETIC IN CHILDREN.**—Apomorphia has been known for several years as one of the alkaloid principles contained in opium. It is devoid of narcotic properties, if carefully prepared, and acts principally as an emetic. Dr. W. F. Duncan, of Randall's Island Hospital for Children, (*Med. Record*, Aug. 7, 1875), extols it as the most efficient and prompt of all emetics, especially for children, and in cases where it is desirable to evacuate the stomach of poisons. It is particularly applicable for hypodermic use, producing emesis in this way in from two to four minutes. One tenth of a grain is a full dose for an adult, and one fiftieth of a grain for a child one year old. Dr. Duncan bases its merits on the following grounds: 1. Rapidity of action. 2. Absence of danger from an overdose. 3. Lightness of secondary effects. 4. Shortness of period of nausea. 5. Ease of administration. The preparation commonly employed is the hydro-chlorate, and the English preparation is preferred to the German, because the latter has been known to contain an impurity of morphia. For hypodermic use, it is advised to dissolve it in water with a small quantity of glycerin and alcohol.—*Pacific Med. and Surg. Journal*.

**THE SULPHATE OF CINCHONIDIA.**—Dr. Chas. T. Reber, of Shelbyville, Ills., (*St. Louis Med. and Surg. Jour.*, Jan. '76), gives a very favorable report upon the action of this salt as a substitute for quinia. He comments upon the report of Surgeon Major Yates Hunter, alluded to in our last issue, in severe terms, and comparing Hunter's experience with his own, is disposed to think that the *sulphate of cinchona*, instead of the *sulphate of cinchonidia* was the drug upon trial at Bombay.

Dr. Reber has used the last-named salt for eighteen months, to the amount of over one hundred and twenty-five ounces, in over fifteen hundred cases of malarial and congestive cases, and is as well satisfied with its therapeutic effects as with those of quinia. Hence his testimony must have considerable weight with the members of the medical profession.

H. Hall (*Cincinnati Lancet and Observer*) says, in relation to this much-vaunted remedy: "After an eighteen months' trial, including quite a *widely-spread* use during the last *six* months, the new substitute

for quinia seems to hold its own. He quotes, among the evidence relied upon in forming this opinion, the following from the pen of the Resident Physician of the St. Louis County Insane Asylum: "We have used, during the past six months, over fifty ounces, (of sulphate of cinchonina), and find it equally as efficacious as quinine."

The necessity of a *cheap* drug to replace quinine is obvious where so much is required for a total population of less than four hundred!

Dr. M. M. Van Ness, of Decatur, Indiana, says: "In over five hundred cases, during the past sixty days, I have administered it (cinchonidia) in doses of from fifteen to forty grains, and have never had a recurrence of the disease."

**ERGOT IN HÆMOPTYSIS.**—Dr. Jas. M. Williamson states (*Lancet*, Nov. 18th, 1875) that he has administered ergot in fifty cases of hæmoptysis occurring in different stages of phthisis. Ergot was given by the mouth and in the form of liquid extract. Care should be taken to use a fresh and sound preparation. Forty-five minims may be given every half hour at first; afterward, every two hours. No unpleasant effects followed in any case. If no distinct impression is made upon the hemorrhage by four or five doses, something else should be tried. The ergot was effectual in controlling the hemorrhage in forty-four of the fifty cases. He recommends that it should be the first drug tried in all cases of hæmoptysis.—*Am. Journal Med. Sciences*.

[We have tried Squibb's fluid extract in two cases with excellent results, no other remedy being required.—Ed. RECORD.]

**IODIDE OF POTASSIUM FOR CHRONIC ALBUMINURIA.**—Dr. T. S. Sharpe (*Am. Jour. Med. Sciences*, Jan. 1876) reports five cases of chronic albuminuria treated successfully with large doses of iodide of potassium. In one case there was urethral stricture; in four, anasarca; in two, humaturia; and three were above the age of fifty. The doses were gradually increased until they took from 22 to 36 grains three times a day. The treatment was kept up for some time, the longest noted was forty-four days.

Each denied any possibility of a syphilitic taint being present. No unpleasant effects resulted from the large doses taken. Dr. Jno. C. Ings, also of Natchez, Miss., has obtained similar results in four cases of the same disease during the past two years.

**BORACIC ACID IN THE TREATMENT OF RINGWORM.**—Surgeon Major Watson (*Indian Med. Gazette*) has lately used boracic acid with great success as an external application in the treatment of vegetable-parasitic diseases of the

skin. In the different forms of tinea (*T. tonsurans* and *circinata*), and in that very troublesome form of the disease which affects the scrotum and inner side of the upper part of the thighs of many Europeans in India, its application acts like a charm. A solution of a drachm of the acid to an ounce of water, or as much as the water, at ordinary temperatures, will take up, is employed. The affected parts should be well bathed in the solution twice daily, some little friction being used, and the solution allowed to dry on the part.—*Am. Journal Med. Sciences*.

**TREATMENT OF THE VOMITING OF PREGNANCY.**—Dr. Fairbank (*British Medical Journal*) recommends dilute phosphoric acid—30 to 60 minims in a wine-glass of water—two, three or four times a day as required. It is of special value in cases where the nausea becomes excessive at the sight of food, as a dose can easily be taken before meals. He says, it may act by powerfully stimulating the nerves of the stomach, or as a corrective, (the vomitings of pregnancy being alkaline), or in both ways.—*Canada Lancet*.

**SILICATE OF SODA BANDAGE.**—When a light, immovable dressing is required, and when it is not requisite that it should harden in a few minutes, this preparation offers decided advantages. It is applied thus: First carry around the limb an ordinary roller bandage, paint it over with the solution of soluble glass and apply another bandage. By repeating the number of layers, and applying to each the solution, any degree of strength may be obtained. It looks well and is light.—*N. Y. Med. Journal*.

**ATROPINE IN ACUTE MYRINGITIS.**—A. N. Ellis, A. A. Surgeon U. S. A., (*Am. Jour. Med. Sciences*, Jan. '76), recommends a solution of atropiæ sulph. in acute myringitis (inflammation of the membrana tympani). His attention was directed to it by its well known beneficial effects in ocular inflammations.

**CAPILLARY PUNCTURE OF THE INTESTINES IN TYMPANITES.**—An interesting article in the *Bulletin Medical du Nord*, by Dr. Cuignet, contains the following points:

1. The puncture should be made by giving a rotary motion to the needle, which is held between the fingers at the surface of the body.
2. It can be perceived the moment the needle reaches the gaseous cavity as well as the moment it touches the opposite wall, thus showing the exact dimensions of the cavity.
3. The gas does not escape spontaneously, however distended the cavity may be which contains it, but it must be withdrawn by aspiration.
4. Only the fold of intestine in the immediate vicinity of the puncture is evacuated, but

all of the folds of the intestine must be punctured to obtain any considerable relaxation.

5. Each fold, as it is punctured, collapses, and its place is filled by the two folds above and below it, which maintain the tympanitis in the same region, until they also are punctured.

6. Either the gas alone may be withdrawn, or both the gas and the liquid matter in the intestine, by graduating the depth to which the needle is made to penetrate.

7. It is esteemed prudent to always extract the liquid in the vicinity of the puncture.—*La Tribune Medicale*.—*Medical Record*.—*Pacific Medical and Surgical Jour.*

#### DIAGNOSIS AND TREATMENT OF THE CURABLE FORMS OF FIBROID TUMORS OF THE UTERUS.—

Dr. Alfred Meadows, in a paper on this subject, read before the Harveian Society of London. (*British Medical Journal*, Nov. 13, 1875) said, that these forms of morbid growth being more amenable to successful treatment than was generally supposed, their diagnosis in relation to the uterine walls was of the first importance, and Dr. Meadows relied very confidently on the differential indications of hemorrhage and pain. Hemorrhage, according to his experience, pointed to an intra-uterine, submucous, and curable form of tumor; whilst pain was usually associated with the subperitoneal or almost incurable class. Coming to more exact means of diagnosis, it was found that cervical displacement arose from a growth in the opposite direction; that a closed os, and small and rigid cervix, were almost fatal signs of incurability; the larger and softer the cervix, the better being the operator's chances; and that, by the use of the sound, very valuable information might also be obtained. As the subperitoneal variety of tumor did not encroach on the cavity of the uterus, there was none of that elongation which was met with in the submucous form in direct proportion to its size; and by working with the sound, in conjunction with the finger in the vagina, one could tell, by the thickness of tissue intervening between these points, whether the morbid growth occupied the anterior or the posterior uterine wall. As regarded the drug-treatment of these cases, he had only derived real benefit from ergot, which frequently acted well in small soft tumors, by cutting off their supplies of blood, and causing steady compression by contraction of the unstriped muscular fibres in which they were imbedded. Operative measures were next discussed; and gastrotomy, which was occasionally performed for removal of subperitoneal growths, was only justifiable if the tumor were fairly out of the pelvis, and the cervix, as well as a good part of the body of the uterus, free from disease. In the submucous varieties, the tumor was reached by

dilatation of the os and cervix; and, its investing capsule being broken down, enucleation was done more or less completely with the finger; valuable aid being derived in very large growths from Greenhalgh's olive-shaped cautery, removal being then completed by the expulsive action of the uterus, aided, if necessary, by ergot. As regarded after-treatment, rest was, of course, all-important. Hemorrhage must be checked by styptic plugging; septicæmia, by antiseptic injections; and inflammation, by opium; it being pointed out that cystitis more frequently followed operations on the anterior than on the posterior uterine wall, in consequence of the larger quantity of cellular tissue which lay between the uterus and bladder, than between that organ and the rectum.—*Abstract of Medical Science.*

ON THE TREATMENT OF FISSURE OF THE ANUS BY CHLORAL.—In a letter to the editor of the *Bulletin Général de Thérapeutique*, September 30, 1875, Dr. Créquy calls attention to the advantages of this agent. He mentions two cases, one aged thirty-eight years, the other forty, where the fissure was well marked and the usual distressing symptoms present. Charpie soaked in a solution of chloral—one fifty—was inserted just within the anus daily, attention being paid to the regular daily evacuation of the bowels. A complete cure resulted in each case at the end of a fortnight, the pain on defecation disappearing after the first few applications.—*London Medical Record*, November 15th, 1875.—*Abstract of Medical Science.*

LATENCY OF SYPHILIS.—Mr. W. Bathurst Woodman knows of several cases in which an interval of twenty years elapsed between the primary sore and the occurrence of any well-marked specific affection. Dr. Revillout reports a case (*Gaz. des Hôpitaux*, July 17th) of angina of a peculiar form appearing twenty years after an indurated sore upon the finger, of supposed specific origin. He also mentions a case under the care of M. Jobert de Lamballe, in which a sore, not followed by rash, was succeeded twenty years afterward by acute periostitis of the clavicle, which was cured in fifteen days by iodide of potassium.—*Monthly Abstract.*

LOCAL ANÆSTHESIA.—Dr. Letamendi (*Archives de Physiologie*, No. 5, 1875) thus produces local anæsthesia: The part is subjected to ether spray in the usual manner, until the skin becomes reddened. An incision is then carried through the papillary layer of the cutis. An anæmic appearance is immediately developed upon the previously reddened part. The spray is reapplied for a few seconds, when complete anæsthesia is induced. (*Ed. Med. Journal*).—*Monthly Abstract.*

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., Editor.

St. Louis, Mo., - - - February, 1876.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

## Editorial.

### OBSCENE LITERATURE.

There is a very commendable law inscribed upon the statute books directing heavy penalties against persons detected circulating immoral and obscene literature through the mails; but, unfortunately, this same enactment, in the entirety of what should be its intent and purpose, is more honored in the breach than in the observance. We are well aware that some effort is made to ascertain and bring to punishment publishers and venders of the vile books that are ordinarily understood to come under the head of corrupt literature, and generally ineffectual as the prosecution is, the partial amount of good accomplished should be commended.

But the harm done by this class of works is small when compared to the greater injury, physical as well as moral, inflicted by what is known as quack medicine literature. As pernicious in their effects as the almanacs and family medicine books are, they, again, are not comparable in their baneful influence to the especial variety of works entitled "Marriage Guides," etc., etc. And yet we find these same volumes freely advertised in all the religious and secular papers in the land, and sent through the mail without let or hindrance. But the same pious parties who hold up their hands in holy horror at the novels of De Kock and his vicious contemporaries and imitators can see no evil in the productions of quack "specialists" (?).

There is scarcely a practitioner of medicine who is not almost daily consulted by some

poor wretch of a hypochondriac that has been brought to his deplorable condition by the perusal of some such book; and in every case, we dare say, his knowledge of the work has come from its bold advertisement, and perhaps commendation, in his family newspaper. There are honorable exceptions to the rule we have indicated, that family newspapers are among the boldest advocates of quacks, impostors and venders of obscene literature. We would especially recall the words of Rev. Stephen Tyng, jr., which we quoted with pleasure several months ago.

But the regular profession of medicine is not altogether guiltless in this matter. The celebrated work of Lallemand on *Spermatorrhœa*, with its thousand errors and impressive delineation of the effects of a hypothetical disease, has furnished the stock in trade of all the manufacturers of books of "advice to youth," "advice to those contemplating marriage," etc., etc., *ad nauseum*.

Sir James Paget has recently done good service to the profession and to humanity by dispelling some of those erroneous notions engendered by the writings of Lallemand. His article upon Sexual Hypochondriasis is of the very highest value.

Our own Prof. Gross, in his classical *System of Surgery*, first described *Prostatorrhœa*, and the species of hypochondriasis which accompany it.

The best mode of meeting and suppressing the species of obscene literature we have indicated, is to diffuse a knowledge of the facts in relation to *prostatorrhœa* and similar conditions among all ranks and grades of society, and this can be done by every physician informing himself upon the subject, so that he may be able to treat successfully such cases as may come under his notice, and not in any way encouraging the vicious notions of patrons who have derived them from quack advertisements.

The secular and religious press—the so-called guide and protector of the people—should show more common-sense and conscience about the matter and cease to prostitute itself to the base purposes of the quack and the still more infamous vender of obscene literature in the shape of guides, instructors and treatises upon private diseases.

H.

*MEDICAL BOOK REVIEWING.*

We take the following very suggestive paragraphs from an able editorial in the *Journal of Nervous and Mental Disease* for January. The ideas enunciated are in such perfect accordance with our own, and are so well expressed that we feel that anything added on our part would be of little value, and, perhaps, detract from the force of the original article:

"We but state the truth when we say, that in the majority of cases, medical book revisions amount to little more than mere booksellers' notices. The title of the work is given, the number of pages, the number of the edition, and then the writer, after a glance at the table of contents and preface, and some of the illustrations, if there are any, writes his notice, let us suppose, as follows:

'It was our intention to have written a lengthy review of the volume before us, in which we would have endeavored to have noticed certain defects and shortcomings which it contains, and in which, in our judgment, it is open to criticism. But want of space, and the time from absorbing occupations, will not permit us to do this. The work, however, contains many valuable facts and suggestions, and in spite of its defects, may be considered as an accession to medical literature, and will hence repay perusal. The illustrations are, upon the whole, clear and useful. The work is issued in the usual handsome style of its enterprising publishers, being highly creditable in typography and binding. The price is \$6 00 cloth, or in calf \$7 00.'

With the exception of a very few, some such form would too often represent, in length and fullness, a 'review,' even of an important volume, in many periodicals, whether in this country or abroad."

"But it is not enough to be intelligent and sympathetic: the reviewer must be *candid*, intent on presenting a case just as it is, its excellencies as well as its defects, with all possible impartiality. Besides this, the reviewer must be *independent*, as far removed as possible from either presumption or servility. To these graces he must add a tireless *industry*. And whatever may be thought to the contrary notwithstanding, this is a rarer virtue than it is commonly supposed to be. And these qualities are not acquired and exercised to ad-

vantage, either by nature or inheritance. We would like to see, from this time forward, more intelligence, sympathy, candor, independence and industry, shown in the department of critical reviews, in our medical periodical literature. By all means, let us cease to dignify mere lists of titles and booksellers' notices with the phrase 'critical reviews.'"

*ANOTHER "ACCIDENT."*

We have to record another of those unfortunate accidents for which our County Asylum has, of late, become somewhat notorious. An imbecile patient, partially blind and paralyzed, made his way through an open door from his hall, through a disused attic, up a long ladder and through an open window on to the roof of the fifth story of the building. Aimlessly groping about, he fell a distance of seventy-five or eighty feet, struck head-foremost upon a brick walk and was—strange to say—"instantaneously killed!" Of course, the responsibility for the fatal carelessness rests with nobody. There is no *head* to the institution; no competent set of assistants; only one assistant in charge of three hundred and fifty patients, and a steward to attend ward meetings in town!

*Six violent deaths inside of the past six months!* Truly, it seems to us, that the peculiar beauties of the present mode of management must be fully apparent even to the dullest.

From an economical stand-point, the management is successful, for statistics teach that every chronic lunatic costs somebody (his friends or the authorities) about four thousand dollars: An easy calculation shows that the tax-payers of St. Louis county have been saved twenty-four thousand dollars in the past six months! A very good showing, surely. Some way, the annual reports of the institution do not allude to this pleasant aspect of the case. But perhaps the people, whose unfortunate sons and daughters fill the Asylum, would not care for such a cheerful view of the economy of the thing. Economy which results in the death by violence of those who have been citizens and tax-payers, and who, under good circumstances, might again become such, does not meet with the approval of the taxpayer who knows that any day he or some of his loved ones may become inmates of the same

institution and be the subjects of such management.

For a time, after the celebrated *conium* cases of last August, some of the daily papers freely ventilated the subject of the present mode of management. Those same papers now simply record the "accident" as they would a case in the Police court, and prudently say no more about the matter. But it would be well for the parties who are really responsible for the carelessness, to remember that, in spite of recent developments in regard to our last election, the *people* rule this country, and will remember the facts when these men again come before them for popular support. W. B. H.

WE are promised, for the March number, an article upon Damiana and its Action. It will contain a digest of what has been written upon the new aphrodisiac, with notices of other remedies directed to the cure of impotency.

WE purpose issuing a large extra edition of our next number, to be sent to all the prominent physicians of the West and South who are not already subscribers, as specimen copies. Advertisers will please take notice.

## Book Notices and Reviews.

### HAMMOND'S RECENT CONTRIBUTIONS TO MEDICAL LITERATURE:—

1. On Pigmentary Deposits in the Brain, Resulting from Malarial Poisoning. Reprint from Transactions of the American Neurological Society, 1875.
2. On the Cause of Vice-President Wilson's Death. Reprint from *Boston Med. and Surg. Journal*. Cambridge: 1875.
3. The Brain not the Sole Organ of the Mind. *The Journal of Nervous and Mental Disease*, Jan. 1876.

Anything from the pen of Prof. Wm. A. Hammond is certain to be read with interest by members of the medical profession. We confess to a feeling of great admiration for the industry he has shown in the field of medical science, and a high respect for his opinions upon many disputed points. His recent additions to medical literature have served to deepen these impressions, and knowing that in their entirety, they are inaccessible to many of our readers, we place a short epitome of their contents before them, with whatever of criticism we have thought they invited.

I. Malarial poisoning is a subject of surpassing interest to all Western practitioners.

Almost countless theories have been suggested respecting the nature of the *materies morbi* and the mode in which the poison acts. These are still questions for debate and future solution, to a great extent; and we regret that Dr. Hammond does not discuss them; we are sure he could add some valuable suggestions upon the subjects alluded to.

The deposition of pigment in the brain, the result of malarial fevers, has been noticed long since; but the subject has not received the attention that its importance demands. This deposit occurs "either in the form of emboli obstructing the smaller vessels and the capillaries suddenly; or of thrombi, being slowly deposited along the inner wall of the vessels and thus gradually leading to their occlusion; or as a transudation into the perivascular tissue."

In these different modes of deposition, there would seem to be a certain resemblance to the deposit in nervous structures of the so-called gummy material of tertiary syphilis.

Prof. Hammond proves by his cases and the arguments drawn therefrom, that embolism (considered by the older writers as the ordinary form of pigmentary deposit) is not the only mode in which that material exerts its pernicious influence.

The author's researches are original, inasmuch as he has fully established the fact of the relation between cerebral disease following repeated attacks of malarial fever and the formation of pigment in the enlarged spleen, so common in such cases; and this during the life of the patient.

CASE 1.—N. B. consulted Prof. H., February 26th, 1874. He was absolutely deaf in both ears, had severe headache, and was subject to frequent epileptic attacks. He had been living in a malarious district and had occasional paroxysms. The ears appeared normal upon examination. "Ophthalmoscopic examination showed the existence of double optic neuritis, with pigmentary deposits mainly at the outer periphery of the retina. Both optic papillæ were deformed." Prognosis unfavorable. Under iodide and bromide of potassium no improvement took place in a month, when he was next seen. Some splenic enlargement being observed, and intermittent fever being present, he was then put upon five-drop doses, three times a day, of Fowler's solution, in addition. He immediately began to improve, the pain ceased in a few days, and in a week the epileptic seizures and fever were arrested. Late one night his hearing was fully restored upon one side, and the next day it was re-established in the other ear. He was seen again last winter. The neuro-retinitis and deformity of the papillæ remained, but vision was not materially impaired. "The pigmentation was present, but the spots were modified in form, smaller and more rounded, as if the larger

masses had been broken up into smaller ones. The spleen was very much reduced in size." Holding the anterior wall of the abdomen firmly against the spleen it was penetrated with the point of a large hypodermic syringe, and a few drops of blood drawn off. These, under the microscope, were found to contain numerous masses of free pigment, irregular in form, and varying in size from the one-thousandth to the three-hundredth of an inch.

CASE II.—Mr. V., in 1868, after walking about half a mile on a hot day, had vertigo and tingling in the right foot. He recovered his usual condition after a short time, having taken *nux vomica* and traveled for his health. Five years later he suffered a precisely similar attack which was relieved under the influence of mountain air. Early in 1875 he experienced similar symptoms, excepting vertigo, but there was more weakness, and some difficulty of articulation. The eyesight has been seriously impaired during the past five years, and was totally lost for a time after protracted reading in 1874. When he consulted Prof. Hammond, March 4th, 1875, he had great pain in the head, frequent attacks of vertigo, great impairment of sight, and decided loss of mobility in the right side of the body. The ophthalmoscope disclosed double optic neuritis, worse on the left side, and large deposits of pigment in both retinae, especially the left. "The masses were stellate in form, and followed, mainly, the course of the arterial branches."

He had suffered exceedingly from malarial fever and there was enlargement and induration of the spleen, from which, as in Case I, a few drops of blood were drawn off. A large quantity of free pigment, as well as cells containing pigment, was found by the microscope.

CASE III.—A young man, age eighteen years, had suffered from repeated attacks of intermittent fever, which were followed by chorea affecting the face and all the limbs. Epileptiform attacks preceded the chorea; the latter condition had lasted six months when first seen by Prof. Hammond. The ophthalmoscope showed the same appearance of the retinae as in Case II. After treatment with arsenic for a month, the choreic symptoms ceased. The spleen was enlarged to nearly twice its natural size. The pigmentary deposits in the retinae remained while he was under observation, but caused no inconvenience.

CASE IV.—A lawyer, aged forty, had some headache, and was mentally depressed to such an extent that he had attempted suicide. Three years before, he had had repeated attacks of intermittent fever, and on one occasion an epileptiform convulsion. When first seen, he was cachectic, his spleen was hypertrophied, complained of numbness in various parts of the body, and was unable to sleep well. Blood

drawn off from the spleen contained masses of free pigment and pigment-holding cells. Under the twenty-fifth of a grain of arsenious acid, in pill form, three times a day, amendment was rapid and recovery perfect in six weeks.

CASE V.—A young lady, age nineteen years. For three years she had experienced attacks of intermittent fever, which had been cut short by the use of quinine in large doses. The spleen had been much enlarged, but when first seen was only slightly hypertrophied. She suffered from aphonia, which had been considered hysterical in character, which came on regularly at about ten o'clock and lasted until late in the afternoon. These attacks of aphonia recurred regularly every alternate day. There were no pigmentary deposits in the eyes and no other abnormal symptoms present. "Under the use of arsenic, the aphonia was entirely relieved in a week, and a continuance of the remedy still further reduced the size of the spleen."

Prof. Hammond's conclusions in relation to the connection between the deposits and the enlarged spleen are in close accordance with the views of Frerichs, which he quotes in the early part of his monograph; and are as follows:

"1. That in consequence of malarial poisoning, the pigment of the blood undergoes a change in appearance and form, and that the alteration is effected in the spleen, leading to hypertrophy of that organ.

2. That this pigment may enter the general circulation from the spleen, either in a free condition or in pigment-holding cells, and that it may be deposited in the cerebral blood vessels, or pass through their coats.

3. That these deposits may give rise to various symptoms, indicating derangement of the nervous system.

4. That arsenic appears to have the power of, in a way at present unknown, so altering the character of the pigmentary deposits as to facilitate their removal, and to cause the disappearance of the symptoms to which they give rise.

5. That we may have, during the life of the individual, ocular demonstration of these facts by the presence of pigment in the fundus of the eye, as revealed by the ophthalmoscope."

He does not claim that all pigmentary deposits in the retina and choroid have this origin, but has no doubt that they may be due to the cause in question.

In view of the importance of the subject we would most heartily commend this monograph of Prof. Hammond to the close attention and careful consideration of our readers.

II. Prof. Hammond was consulted by the late Vice-President on September 4th, and October 10th and November 7th, last, and gave the case a most thorough examination;

hence his opinion regarding the cause of the suddenly fatal termination, on the 22d of November, 1875, is entitled to careful consideration.

Mr. Wilson suffered from an attack of hemiplegia, a year before the date of his last illness. When he first consulted Prof. Hammond, the paralysis had almost entirely disappeared. His symptoms then were referred to cerebral hyperæmia, he was treated accordingly and improved.

On Nov. 7th he was worse, "there were vertigo, thickness of speech, twitching of the facial muscles, irregularity of respiration and of the action of the heart, slight difficulty of swallowing, and intense pain in the back of the head and nape of the neck. At the same time there was a peculiar restlessness of manner which was very striking." He was unable to sleep well, and awoke with a sudden start several times during the night. He was advised to avoid both mental and physical exertion; had the actual cauterization applied to the nape of the neck, after which he was better, and ergot with bromide of sodium, prescribed, also phosphide of zinc in small doses (pill 1-10 gr.).

Contrary to advice he went to Washington and over-exerted himself both mentally and physically. After taking a warm bath in the exhausted condition, he was completely prostrated. The phenomena observed were not those of cerebral hemorrhage or of general cerebral congestion; there were pain in the back of the neck and syncope. He was attended by Dr. J. H. Baxter, of the army, who administered whiskey, in half-drachm doses, hypodermically, which had the most happy effect in dispelling the symptoms of collapse. On the morning of November 22nd he seemed much better, but, after drinking a glass of cold bitter-water, sank back upon his pillow, breathed stertorously about twelve times and died.

Autopsy about four hours after death.

No rigor mortis, a longitudinal livid patch upon the back of the neck.

Dura mater quite firmly adherent to inner surface of the calvaria adjacent to the longitudinal sinus; all the sinuses were full of dark, fluid blood; pia mater congested, with many small, old patches of whitish lymph scattered along the longitudinal sinus.

Brain weighed forty-nine ounces, normal in color and consistency, except that the puncta vasculosa were less marked in number and size than usual; a transparent cyst about the size of a pea in the extremity of each choroid plexus. Subarachnoid fluid slightly increased in quantity. Arteries at base of brain, the middle cerebrals, basilar and their larger ramifications were notably atheromatous, some of the calcareous plates being three or four lines in length and so thick as to nearly occlude the

vessels. No thrombus or embolus was found, nor any extravasation of blood into the substance of the brain, pons varolii or medulla. Spinal cord normal, except that the demarkation between the gray and white substance was not well marked, and the venous plexuses of the spinal canal contained a large quantity of dark, fluid blood.

Lungs: calcareous deposit the size of a pea in middle lobe of right, old pleuritic adhesions about the left, especially around the apex; both congested (hypostasis) partially, otherwise normal.

Heart: small calcareous deposit upon one segment of aortic valve; otherwise normal.

Stomach: much congested, the mucous membrane everywhere of a deep red color and covered with mucus. Many erosions of mucous membrane.

Liver: dark in color, congested and friable; small aqueous cyst upon upper surface.

Spleen large and dark.

Kidneys congested, weighed eight ounces each.

Other organs apparently normal.

"The cause of death was considered to be nervous apoplexy, depending probably on cerebral anæmia."

Prof. Hammond's views are as follows:

"My opinion is that the immediate cause of the Vice-President's death was the sudden cessation of the processes of respiration and circulation from paralysis of the pneumogastric nerves; and that this paralysis was due to disease of the medulla oblongata affecting the nuclei of the pneumogastrics." And he thinks that the nature of the affection was probably thrombosis of one of the vertebral arteries occurring early in the history of the case; and that the occlusion of the other was followed almost instantaneously by death. It does not appear from the report of the autopsy that the vertebrals were examined.

"The condition of the stomach," he thinks, "is the strongest point yet advanced in favor of a lesion of the medulla oblongata." In support of this opinion he cites the experiments upon animals made by Pincus, Charcot and Vulpian, proving that erosions, hemorrhages, and other disorganizations of the gastric mucous membrane are produced by lesions of the crura cerebri, corpora striata, and optic thalami, while Schiff has observed them follow injuries of the medulla oblongata and of the spinal cord between the first and second vertebra.

We are fully satisfied that Prof. Hammond's ideas upon the subject are correct, the more so, inasmuch as we had arrived at substantially the same conclusions independently.

III. The title of Prof. Hammond's latest contribution to our science is well calculated to attract attention. As President, for the second time, of the New York Neurological So-



ciety, his inaugural address will be regarded very critically, and we think we shall not be found alone in our dissent to both his premises and conclusions.

Granting his definition of mind to be the true one, which we cannot, then he proves no more than has heretofore been proven. We cite:

"By the term mind I understand a force developed by nervous action. It bears the same relation to gray nerve tissue that heat or electricity or light does to chemical or mechanical action." Again: "All the manifestations of which the mind is capable in its fullest development are embraced in four groups: perception, the intellect, the emotions, and the will. Either one of these may be exercised independently of the others."

Thus, it is evident from Prof. Hammond's point of view, every manifestation of nervous function becomes a mental action. Indeed, we are not certain but he is ready to endow the sensitive plant and the inorganic colloids with mind because they respond to external stimuli.

He reviews the well known experiments upon decapitated reptiles, etc.; the phenomena of reflex excitations in cases of paraplegia, and the conditions known as reverie, absent-mindedness and somnambulism, and draws inferences conformable to his ideas from each. To us, these appear to strongly support the theories of Herbert Spencer, Maudsley and Carpenter respecting unconscious cerebration and primary and secondary automatic actions and nothing more. Hence our readers will not be surprised to find us disagreeing with Prof. Hammond when he concludes his very suggestive paper as follows:

"I by no means contend that the spinal cord—to say nothing of the sympathetic system—is, in the normal condition of the animal body, as important a center of mental influence as is the brain. The latter organ predominates. The very highest attributes of the mind come from it, and the spinal cord is subordinate when the brain is capable of acting. But it seems to me illogical to deny mental power to the spinal cord after a consideration of such experiments and other facts as I have brought forward, and hence we are, I think, justified in concluding:

1. That of the mental faculties, perception and volition are seated in the spinal cord, as well as in the cerebral ganglia.

2. That the cord is not probably capable of originating mental influence independently of sensorial impressions—a condition of the brain also—till it has accumulated facts through the operation of the senses.

3. That as memory is not an attribute of the mental influence evolved by the spinal cord, it requires, unlike the brain, a new impression, in order that mental force may be produced."

W. B. H.

AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES. Proceedings of the Sixth Meeting, held at Hartford, Conn., September 28, 1875. Published by order of the Association. Pages 98. Baltimore: 1875.

Through the courtesy of Dr. T. D. Crothers, Secretary of the Association, we have been put in possession of this valuable, although unpretending document. The importance of the subject of alcoholism, considered in its moral, social, economical pathological or medico-legal relations, induces us to devote considerable space to a consideration of the Proceedings of the American Association for the cure of Inebriates; a space we would not allow to many a pretentious volume.

Several valuable essays were read, the first of which, by Dr. Crothers, upon the Etiology of Inebriety, is of special value. Some of Dr. C.'s views appear to be novel, and we shall present some of the more salient points to our readers.

Upon some matters we shall differ with him, but the mere stating of this difference of opinion may prove of benefit by exciting discussion and eliciting evidence bearing upon the issue.

He says: "Facts and experience clearly indicate that inebriety, from whatever cause, is a disease or stage of disease, either primary or secondary, as well marked as fever and chills in malaria, or anæsthesia and immobility in paralysis."

We think the writer's illustrations are rather unfortunate, inasmuch as the morbid phenomena quoted are merely symptoms of many different pathological conditions, and are not diseases properly speaking. We do not yet see our way clear to the recognition of inebriety, *per se*, as a distinct pathological entity. Alcoholism, the diseased state of the nervous system caused by the abuse of alcoholic stimulents, is a disease; the two bearing the same relation to each other as writers' cramp to the excessive use of certain muscles in holding the pen.

Dr. Crothers divides the particular causes of inebriety into three groups:

"First, Inherited causes, direct or indirect, including the diatheses or cachexia.

Second, Such general causes as produce inebriety in common with other insanities.

Third, Conditions and circumstances which particularly favor the development of inebriety."

In the first class, by far the most important of the three, he lays particular stress upon the influence exerted upon the offspring by the poverty or wealth of the ancestry. We cite:

"The very poor are subject to irregularities of hunger and satiety, with bad quality and conditions of food, which soon break up the normal conditions of natural appetites, and develop perverted nutrient wants, appearing in the next generation as inebriate tendencies.

The wealthy, by continuous stimulation and excess, always have degenerative nutritive functions, which are propagated with certainty, and naturally appear in inebriety, or its allied forms."

It appears to us that the latter assertion is rather too sweeping. That wealth does not *always* lead to excesses and consequent degenerative structural changes, would appear to be proven by the good physical and mental condition of the landed aristocracy of England, as well as the power of endurance manifested by civilized races when brought into competition with savages.

We are obliged, also, to question the accuracy of the following statements:

"The males seem to have a stronger influence in transmitting inebriety than females. The father's diseases appear in his sons, and the mother's in the daughters, moving in the direct line of ancestors, and not often in the collateral branches, as brothers and sisters."

These are directly opposed to the commonly received ideas upon the subject of hereditary transmission of personal qualities of all kinds, morbid conditions included. The hemorrhagic diathesis is a marked contradiction to these views; for, while the daughters are seldom affected, the sons mostly die in early life of the accidents occurring in consequence of the peculiar vascular or hematic condition inherited from the mother.

The nervous diathesis and cachexia receive well-merited attention. The *neurosis spasmodica* is delineated to the life, and its relations to alcoholism and insanity are clearly shown.

In the second group, general causes, the relations of mechanical injuries, and especially of reflex irritations, to the etiology of drunkenness, are very fully demonstrated. From the instances brought forward in this paper it is not too much to say that this class of causes have not before received sufficient attention. He quotes from the *Psychological Journal*, two cases where tape worm excited inebriety and mental hallucinations, which disappeared when the parasites were expelled.

When considering the third group, the exciting causes, along with those usually given, he speaks of celibacy as an active agent in causing inebriety:

"Inebriates often attempt marriage as a remedy to save themselves; generally, inebriety, beginning either before or after marriage, predisposes to celibacy. As a rule, inebriates do not marry, nor are they true to their marriage vows after marriage. Statistics indicate a preponderance of married men as inebriates, but a closer examination indicates a large proportion of them leading single lives."

These are facts for our lady readers to ponder well before they marry an inebriate with the expectation of reforming him.

Considerable space is given to an examination of the influence of heat and cold and of meteorological influences as exciting causes to alcoholic excesses. Dr. Crothers is deserving of great credit for his purely original observations in this new line of enquiry. We hope that he will develop this branch of the subject in the future. Cosmical influences, geological formation of the locality, and proximity to the ocean, are also briefly indicated among the more rare of the causes of inebriety.

On the whole, we must compliment and thank Dr. Crothers for the able paper which he has contributed to the little really scientific knowledge we possess upon this subject, which, until the labors of the lamented Anstie, was very little understood; and congratulate the members of the Association upon the pleasure and information so well and timely furnished by Dr. Crothers.

The essays upon Loss of Will Power by Inebriates, by Dr. Cumings; upon Intemperance and Dipsomania as Related to Insanity, by Dr. Mann; and that upon the Pathology of Insanity—Treatment, by Dr. Burr, if analyzed, would be more suitable for the pages of the journals devoted to the specialty of mental pathology than for those of a more general character like ours. However, they are admirably adapted to the wants of the specialist.

The Annual Address, by the President, Dr. Joseph Parrish, gives a good review of the progress of the special treatment of alcoholism and a fair presentation of the claims of specialists and of special institutions for this class of cases, which is always increasing.

Dr. Willard Parker read a short essay upon Alcohol and its Effects, etc., giving its physiological and pathological actions upon the tissues and upon the general system; also some statistics relating to the economical aspects of alcohol drinking. He attempts a comparison between the results of asylum treatment of the insane and that obtained in institutions for inebriates. There is such an enormous difference between them that we must either question the accuracy of his figures or retain our opinion that inebriety, by itself, is not a disease of the mind. We cite:

"The following are the figures for 1874:

Name.	No. Beds.	No. Cures
State Asylum for the Insane,		
Utica, N. Y.....	580	122
Pennsylvania Hospital for		
Insane.....	425	111
Asylum for Insane, Hart-		
ford, Conn.....	140	45
New York State Inebriate		
Asylum.....	100	137"

John B. Cox, Esq., of Baltimore, Md., wrote to the Association, strongly commending "the cure of drunkenness by the proper administration of liquor to the patient," which

he has tried with success in two cases in the Baltimore Almshouse. The plan of treatment was to flavor every article of diet with liquor. In two weeks they were permanently cured.

Dr. Parrish stated that this plan had been tried in Sweden, and in some cases had been found beneficial, but in others was dangerous, and that it had been abandoned. Mr. Cox's letter was referred to a committee.

Dr. T. L. Mason, of Brooklyn, N. Y., was elected President for the ensuing year. Other officers were also elected and the Association adjourned to meet in Philadelphia on the last Tuesday of September, 1876. W. B. H.

**PHTHISIS; Its Morbid Anatomy, Etiology, Symptomatic Events and Complications, Fatality and Prognosis, Treatment and Physical Diagnosis, in a Series of Clinical Studies,** by Austin Flint, M. D., Professor of Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc., etc., pp. 446. Philadelphia: Henry C. Lee, 1875. For sale by St. Louis Book & News Co.

A contribution to our positive knowledge of phthisis from so accurate an observer as the great Bellevue Professor will command the earnest attention of every progressive American physician. The disciples of Niemeyer will hardly give up their earnest convictions upon some points wherein Dr. Flint opposes their favorite, yet, the fruits of such long experience as that recorded in these pages may not be hastily thrown aside as unsound and unwholesome. To those who have had the pleasure of listening to his lucid discourses, the views enunciated will not be novel. The relation between catarrhal affections of the pulmonary tract and phthisis, admitted by Niemeyer, finds an opponent in Prof. Flint. At any rate, the dicta of this high authority may serve to reassure those who see in every "cold" the advance guard of the invading hosts of phthisis.

A review of the results of treatment of nearly seven hundred cases is not very encouraging to him who hopes to cope successfully with this almost inexorable disease; still, that even so many as 44 out of 670 observed recovered, shows that it is not quite inevitably fatal. The believer in the all-curing properties of drugs will be shocked to find the author placing so little reliance upon medication. He frankly states that in 23 of the 44 recoveries recorded, the result was in no degree attributable to medicinal treatment. Cod-liver oil is considered an easily assimilable article of diet; he taking the same view of its mode of action as the late Hughes Bennett. Alcoholic stimulants receive more favor at his hands than any medicinal agent, change of air, etc., perhaps excepted. But we trust that the book itself

will be consulted, for the mass of facts it contains cannot be justly presented within the limits at our disposal. W. B. H.

**TRANSACTIONS of the Twenty-fifth Anniversary Meeting of the Illinois State Medical Society, held in the city of Jacksonville, May 18th, 19th and 20th, 1875.** Chicago: Fergus Printing Company, 1875. Pages 288.

This handsome volume does not belie the promise given by its pleasing appearance, when carefully studied. It contains several really valuable papers, while the discussion provoked by the reading of each prove to be of still greater interest. We regret to see that so much enthusiasm was evinced over a proposal to revive Dr. Gross' "lost art." No doubt the gentlemen who pledged themselves to revive blood-letting in their respective practices, had their ardor somewhat cooled after they had returned to their *clients* and found their patients deserting them for their homœopathic rivals.

We are sure Dr. Jewell could have placed the profession under many obligations by writing out his Report on Nervous Diseases and allowing them to be published; but the readers of *The Journal of Nervous and Mental Diseases* may derive some benefit from the omission; for the labor of writing up the Report might have interfered somewhat with the editorial conduct of that admirable journal.

The Transactions is a volume which may well serve as a model for other State societies to imitate.

**STATE MEDICINE IN ITS RELATIONS TO INSANITY.**

By Nathan Allen, M. D. Pages 30. Read at the meeting of the American Social Science Association, Detroit, May 13, 1875.

Dr. Allen's paper has much interest attached to it, not only for the valuable facts therein contained, to be sought for elsewhere in vain, but also for the unfriendly criticism it has received from the *American Journal of Insanity* and for the opposite treatment it has received from the *English Psychological Journal*.

"When doctors disagree," etc. In our humble judgment it is an able presentation of the subject upon which it is written.

**PHYSICIAN'S COMBINED CALL-BOOK AND TABLET.** By Ralph Walsh, M. D., of Washington, D. C.

This is a most convenient form of visiting list, the most convenient, in our opinion. An erasable tablet bound on the inside of the front cover adds greatly to its usefulness. The plan of the book makes it good for any year, and the list may begin at any time. We heartily recommend it to the profession. Mailed to any address on receipt of the price, \$1 50 by the author.

**A THESIS** on the Dual Constitution of Man, or Neuro-Psychology. By S. S. Laws, A. M., M. D. New York: Reprint from *Archives of Electrology and Neurology*, Nov. 1875. 35 pages.

An attempt to prove that the *psychic* element of man's constitution is not a mere function, but a *substantial factor*; in other words, that the mind exists entirely independent of matter and has the body under its control. A number of arguments and assertions are advanced which have at least the merit of novelty, and serve to lend a new interest to a world-old subject.

**Dr. H. LENOX HODGE'S NOTE-BOOK FOR CASES OF OVARIAN TUMORS** and other Abdominal Enlargements. Philadelphia: Lindsay & Blakiston, 1875.

Every gynæcologist who would preserve an accurate record of his cases should supply himself with these note-books. A separate book is used with each case. They are of convenient size and arranged after a plan suggested by the author's experience aided by the works of Atlee and Peaslee. The diagrams introduced will be of much service in the after-study of cases.

#### BOOKS AND PAMPHLETS RECEIVED.

**DENTAL HYGIENE.** By Henry S. Chase, M. D., D. D. S. Reprint from *Transactions American Dental Association*, 1866.

**A SERIES OF AMERICAN CLINICAL LECTURES**, edited by E. C. Seguin, M. D. No. XII. On the Nature of the Gouty Vice. By W. H. Draper, M. D., etc. New York: G. P. Putnam's Sons, 1875.

**EXTRA-UTERINE PREGNANCY: Its Clinical History, Diagnosis, Prognosis, and Treatment.** By John S. Parry, M. D., etc.; pp. 272. Philadelphia: Henry C. Lea, 1876. St. Louis Book & News Co.

**A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN.** By J. Lewis Smith, M. D., etc., etc. Third Edition Revised and Enlarged, with illustrations on wood; pp. 724. Philadelphia: Henry C. Lea, 1875. St. Louis Book & News Co.

**A SYSTEM OF MIDWIFERY; Including the Diseases of Pregnancy and the Puerperal State.** By William Leishman, M. D., etc. Second American, from the Second and Revised English Edition. With Additions by John S. Parry, M. D., etc. Philadelphia: Henry C. Lea, 1875. St. Louis Book & News Co.

**THE BODY AND ITS AILMENTS; A Handbook of Familiar Directions for Care and Medical Aid in the More Usual Complaints and Injuries of Adults and Children.** To which is added a Family Health Record. Edited from the works of Drs. South, Turner, and others, with an Introduction; By George H. Napheys, M. D., etc., etc. Illustrated by over one hundred engravings and colored plates. Philadelphia: H. C. Watts & Co, 1875. N. D. Thompson & Co., 303 St. Charles street, St. Louis.

#### Pharmaceutical Department.

**ADDITION AND SUBTRACTION.**—Within the last few months a young French chemist, M. Lecoq, has discovered, by the aid of the spectroscope, a new element, and named it gallium in honor of France. The substance, we believe, has not been actually isolated, only certain lines on the spectra remain unaccounted for except by its existence, as astronomers have been known to locate undiscovered planets by noting disturbances in the planetary system which could be explained on no other supposition.

While we note this increase in the number of the elementary bodies, it might be well for us to consider how rapidly, in the minds of chemists, is the belief gaining ground, that matter is *actually composed of very few elementary bodies*.

When we consider that the science of chemistry has had only about one hundred years in which to grow we may well hesitate before concluding that its theories are all incontrovertible. In the light of advanced knowledge we look back upon the ancient alchemists with amusement and compassion, but if in the year 1976 the text-books on chemistry should give as the elementary bodies only carbon, hydrogen, oxygen, nitrogen and a few of the metals, ours of 1876 will appear quite as ridiculous.

*Cachet de pain* may be good, but *wafer capsules* is better. We take it for granted that physicians, in giving their directions for dispensing and administering medicines, desire to be understood rather than to appear erudite and mystify the apothecary, who may possess neither a French lexicon nor a knowledge of the language.

THAT much if not all of the salicylic acid remains chemically unchanged in the usual manner of making the solution, viz: by the aid of phosphate or borate of sodium, seems to be true from the fact that a concentrated hot solution deposits salicylic acid upon cooling. The antiseptic and disinfecting properties of the acid may be very much increased by dissolving it by the aid of sulphite of sodium.

The following makes a good prescription :

R Acid. Salicylic.	3i.
Sodii Sulphis,	3ii.
Aquæ,	3viii.

Misce et fiat solutio.

A permanent solution of salicylic acid in glycerine may be made of the strength of one grain to the fluid drachm by the aid of a gentle heat. This solution may be diluted with water if desired.


IN VIEW of the antiperiodic properties of salicylic acid, rivaling, as it is claimed by some, quinia itself, may we not expect much from *salicylate of quinia*? Such a salt may not be found yet in the American market, but it is being manufactured and used by the French.

THE ALKALOID OF ERGOT.—M. Tauret has announced to the French Academy of Sciences, that he has discovered the real alkaloid of ergot, and he proposes that it shall be termed "ergotinine." He projects this expression to avoid any confusion that might arise from the use of the word ergotine, which has been before employed. The substance which he has extracted is obtained in very small quantity, and is so readily alterable in air that its extraction is attended with difficulty. The new substance has a strongly alkaline reaction, and it readily saturates acids. Its most marked characteristic is the change of color produced by sulphuric acid, which is first of a reddish yellow, then violet, and lastly, intensely blue. Its physiological action has not yet been studied.—*Clinic*, from *Times and Gazette*, Dec. 11, 1775.

NEW DISINFECTANT.—Dr. Day exhibited a new disinfectant at a meeting of the Medical Society of Victoria, Australia (*Australia Medical Journal*, July '75). He has found that a most effectual disinfectant for purifying the hands after post-mortem examinations, and for the use of persons in attendance upon the subjects of infectious diseases, is produced by a combination of a drachm of ethereal solution

of peroxide of hydrogen (erroneously called ozonic ether) with an ounce of Rimmel's toilet vinegar. Vinegar preserves the peroxide, and allows it to be used with soap, the free alkali of which, under ordinary circumstances, would decomposed it. After well washing and drying the hands, the disinfectant should be well rubbed in.—*Clinic*, Jan. 22, '76.

## Miscellaneous Notes.

 SUBSCRIBE for the ST. LOUIS CLINICAL RECORD. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

WE are pleased to learn that a new edition of DaCosta's valuable treatise on Diagnosis is in preparation by the author.—*Canada Lancet*.

RETURNING THE VISITS.—There is an old story of a godless wretch, who sent word to his doctor, on presentation of the bill, that he would pay for the medicine and return the visits.—*Canada Lancet*.

L'Union Médicale du Canada highly recommends chloral hydrate as an injection in chronic ozoena. The strength of the solution to be thrown into the nose is 3ss. of the chloral to f3viii of water. It is said to succeed where other treatment has failed.

SMALL-POX IN NEW YORK CITY.—The number of cases in the City Small-pox Hospital is only about one-half what it was at a corresponding period of last year. "This is due, in all probability, to the efforts which the Board of Health have taken to vaccinate the city thoroughly. There have been three cases of croupous laryngitis developing after an attack of small-pox, each of them proving fatal." One case of supposed typhoid fever developed during convalescence from small-pox. It proved fatal, but no autopsy was obtained.—*N. Y. Med. Jour*.

PROFESSIONAL FAME.—"Dear Sir:—I enclose you a list of the officers elect for — Lodge, by which you will see that your humble servant has been honored with the office of Worshipful Master. You can publish the list in your paper. I want you to give me a little puff in your local column on the strength of my being an —. Something like the following will answer very well, if it suits you :

Personal.—We see by the report published elsewhere, that our old friend, Dr. —, has been elected Worshipful Master of — Lodge. The Doctor, who, by the way, is a genial good fellow, and a thorough gentleman, is an old boy and was made a mason in —. He was a successful teacher in this county for many

years, and subsequently a persevering, hard-working medical student, graduating with high honors. We are glad to learn that the good people of — are not slow in recognizing in him a reliable physician, an ardent mason and a useful citizen. The young men of — always make their mark wherever they go. If the above is too thick, make it a little thinner, and send me a couple of papers next week."—*Canada Lancet*, Jan. 1, '76.

A young doctor asks us to "blaze out" for him "the road to fame." We may only presume to give him our views about it. They do not differ much from the commonly expressed opinions and are about as follows:

In the practice of medicine there is only one road to fame. In most other pursuits of life a man may be born to greatness or he may have it thrust upon him. In medicine he must achieve it. We refer now, of course, to genuine fame, not to mere notoriety. And because the achievement of fame requires work and work of a superior quality in our day, no very young physician can ever become really famous. Young physicians may do work and they may do work of very superior quality, but they can hardly be said to have achieved fame, that is, the fame of which we are now speaking, until they have done a good deal of it. So time is a very important element. Let a man who would achieve fame in medicine begin early in his life. Let him begin as soon as is consistent with a sound preliminary training. If he begin sooner he loses time. Having begun let him simply persist and he will necessarily achieve the gratification of his ambition.

This persistence in work is the chief difficulty. A most excellent thing for a young man is to keep himself constantly under the stimulus of necessity. Let him volunteer to read papers at a certain date, perform experiments for a stated report, prepare a lecture or discourse for a given occasion and always have something or other on hand for the near future, to fail in which would be disgrace, and he is already on the high road to fame. He is, indeed, so far along on it that the stings of malice and envy do not reach him at all.

In medicine, as in every other avocation, it is the patient persisting plodders who accomplish the most. The brilliant men in early life mostly fall behind in the long run. They are tripped up by vices or, like the famous hare, they take naps of inactivity along the road. This is not meant as a premium upon mediocrity. It is the simple statement of a fact observed every day. Talent in the sense of acquisition is a better qualification for a physician than genius. The so-considered intuitive recognition of the nature of a disease are flashes only to the ignorant. They represent really the general result of close study and frequent observation. The disease is read like

a sentence, at a glance, but only after long familiarity will all the letters of every word.—*The Clinic*.

**OBSTACLES TO THE PROGRESS OF HOMŒOPATHY.**—Homœopathy is either true or false, and its truth or falsity depends on the truth or falsity of the law of *similia similibus curantur*, the foundation stone of our system of practice. It is not necessary, at this time, to enter into an argument to prove that the law is true. We have all expressed our belief in it by adopting the name of homœopath. \* \* \* Every homœopath believes, or ought to believe:

1. There is no other method of applying medicines profitably in disease than the homœopathic, by means of which we select from all others that medicine whose manner of acting on persons in health is known, and which has the power of producing an artificial malady the nearest in resemblance to the natural disease before our eyes.

2. The curative power of medicines is grounded upon the faculty which they possess of correcting symptoms similar to those of the disease itself, but which are of a more intense nature.

The man who cannot indorse these cardinal points has no right whatever to call himself a homœopath, and yet, how many, claiming to be homœopaths, are daily entirely disregarding the law of *similia*. It is getting to be quite a rare thing to hear of a homœopathic physician conducting a serious case, from beginning to end, without using, as *such*, cathartics, sudorifics, diuretics, palliatives, &c., in direct opposition to our law. Is this honest? Is it just? Not only are these drugs used in this way, but there are some even who go so far as to assert that their employment cannot be dispensed with. It is only necessary to read the American Institute transactions, and the proceedings of some of our State societies, to be convinced of this. \* \* \* But why do I dwell on these points? What difference does it make to me how Drs. A., B. and C. practice? Simply because I have the interest of homœopathy at heart, and I know its progress is greatly impeded by such treatment. It is no unusual thing now-a-days to see or hear of families who have given up homœopathy, and gone back to the old style of treatment, because, as they say, they can see no difference between the two schools. The cathartics, nervines, &c., ordered by Dr. A., homœopath, are the same as given by Dr. B., allopath; and frequently the homœopathic doses are the largest. It is not rare, either, for a person to ask now-a-days, "Are you homœopathic, doctor?" "Yes." "Do you use cathartics, &c.?" "No." "Well, I am glad to find a homœopathic physician; I have tried Drs. A. and B., who claim to be homœopaths, and they

gave me as much if not more medicine than my old family doctor, an allopath." To the observant physician, there is real cause for sorrow. He sees the great State of Illinois advancing in wealth and population, and yet the number of homœopathic physicians does not increase to any extent. He sees wealthy and influential families, formerly using the homœopathic system of practice, renouncing it, and returning to the old school. He sees in allopathic drug stores scores of mixed prescriptions written by so-called homœopathic physicians (and many times the amount of medicine prescribed is far in excess of what his allopathic neighbor dare to use.)

And again, the condition of affairs in England, as pictured by Drs. Payne and Berridge, in the May number of the *New England Medical Gazette*, is sad in the extreme. The doctor says: "In England, as elsewhere abroad, even in the land of Hahnemann, the same desires are manifested, the same efforts are put forth by members of the homœopathic profession, to fraternize with the old school that we see in our own country. The struggle to retain connection with the old society organizations, as in Boston not long since, to share in hospital facilities on the same ground, and in common with the old school, as in Maine recently, to teach in the same school, as in the *Michigan University case*, to find, in fact, some ground upon which both schools may meet, when, in fact, there is no ground, is, in my judgment, the most discouraging feature in the great conflict now going on. \* \* \* Any one who reads our homœopathic journals from month to month, can not fail to be struck with the allopathic tendencies of a majority of our practitioners. \* \* \* There is no use in denying the facts mentioned in this paper, for they are patent to every observant physician."—*T. S. Hoyme, in the Chicago Medical Investigator* (homœopathic).

**BILLROTH ON MEDICAL EDUCATION.**—The Vienna correspondent of the *Clinic* writes a graphic account of the sensation produced in medical circles in the Austrian capital by the promulgation of Prof. Billroth's views in relation to the indigent medical students, particularly those of Jewish blood, who resort to that celebrated center of medical learning.

The greatest living pathologist displays a most extraordinary aversion to poor students. He earnestly opposes the idea that poor individuals engaged in overcoming great difficulties in the pursuit of a scientific career should be assisted and even pushed up to the positions at which they aim. He says: "The lunacy which induces these persons to study is their vanity, or more correctly, the vanity of their parents. The majority of these are very poorly prepared for the study of the sciences and almost entirely unfit to be physicians.

Even granting that some few of them have an inclination for the study, and would make some efforts, this does not by any means prove that they are talented. The majority of men with immense talent are diligent and assiduous, but in the professions, as well as in the sciences, we just as often meet with individuals with no talent whatever, who are exceedingly industrious, and intensely studious.

Who has not seen these lack-brained but hard-working young men without any talent who continue to wear themselves out and refuse to be convinced by any person, not even by the thousandth-repeated fiasco that they are without talent, and who finally work themselves to death. \* \* \*

\* \* \* There is another reason beside and beyond poverty, which is generally overlooked: it is the entire absence of good domestic breeding and the lack of intercourse with persons of culture during their studies. \* \* \* But the non-German medical students of Vienna too often combine the lack of money, of talent, and of moral culture; this is quite a poor combination of peculiarities for medical students. \* \* \* I have repeatedly stated that not Germans, but chiefly poor Jews, from Hungary and Galicia, form that miserable, degraded element which can exist nowhere but in Vienna. \* \* \* The Jew either lacks the energy to give up a career for which he is unfitted and take to another, or takes a peculiar pleasure in the romance of martyrdom. \* \* \* We seem to forget that the Jews bear the imprint of a separate and distinct nation, and that a Jew can no more become a German, than can a Persian, Frenchman, New Zealander or African. \* \* \* Therefore it is neither to be expected nor desired that Jews will ever become Germans in a national sense, nor that in the national struggles they will ever take so deep an interest as the Germans themselves. They lack altogether those German sensations which are based—more than we generally imagine—upon the romance of the middle ages. I am well satisfied that the leading men of all times and all nations can always concur on great general questions of public good, but it is just as clear to me that, notwithstanding all reflexions and individual sympathies, there is a gulf between pure German and pure Jewish blood as deep to-day as was that which divided the Teuton from the Phœnician."

Billroth conveniently forgot to mention that two of the greatest of modern investigators of the pathological processes attending inflammation, Cohnheim and Stricker, are Jews; also the fact that to the Jewish practitioners of our art we owe the transmission of the learning of the ancients through the dark ages to modern times.

The appearance of Billroth's book created a tremendous sensation among the students at

Vienna, and no little disturbance in the class when he appeared to deliver his succeeding lectures. He was hissed by the Poles and Hungarians, who, being in the minority, were ousted from the lecture-room. A card from the dean, threatening expulsion from the university, to those who should repeat their disorderly conduct, had the desired effect, and quiet reigns once more among the medical students of Vienna.

Although Billroth is noted for his diagnostic skill and boldness in operating, it is probable that there are equally as good teachers outside the Austrian capital, who will not insult the earnest student because of his poverty or religion.

**INJECTIONS INTO THE SPLEEN.**—Prof. Hammond has used injections into the substance of the spleen of half-drachm doses of fluid extract of ergot, to reduce hypertrophy of that organ in old cases of malarial poisoning. The size of the organ, diminished under the use of arsenic by the mouth, was still further reduced by ergot thus administered.

## Home News.

**COUNTY MEDICAL OFFICERS.**—The County Court appointed the following physicians to the positions named, on January 31st:

Wm. H. Cooper, M. D., Jail Physician; H. L. Fichtenkam, M. D., Resident Physician at the Poor House; E. S. Frazer, M. D., Visiting Physician to the Insane Asylum; N. de V. Howard, M. D., Resident Physician at the Asylum; C. D. Kunkel, M. D., Assistant Physician at the Asylum.

Presiding Justice Schultz proposed to abolish the office of Visiting Physician to the Asylum. Justice Finney insisted upon the office being retained, because of the necessity of having an old and experienced physician to advise about the treatment of diseases other than insanity arising among the patients, the Resident Physician and his Assistant, (the latter having had several years' practice in general hospitals and at the Poor House, where there are fifty or sixty sick upon an average), not being considered competent, we presume, to treat the few cases of intercurrent disease arising among the three hundred and fifty insane at the Asylum!

Justice Heller remarked, very truly, no doubt, as he was one of the Board of Managers, that: "We have been paying the physicians at the Asylum a trifling salary, such as no decent medical man would accept." After which Dr. Howard's salary was increased from twelve to eighteen hundred dollars per annum. Justice Heller also called attention to the fact that it costs the State \$94,000 per annum to keep a

less number than are at the County institution at a cost of \$53,000 per year. He omitted to mention the fact of the additional \$24,000 saving referred to in another article. But the increase in the physician's salary demonstrates that republics are not *always* ungrateful.

**BALL AT THE COUNTY ASYLUM.**—On Saturday, the 22nd of January, the enlargement of the ball-room at the County Asylum was celebrated by a fine assemblage of friends of the officers of the institution. The more quiet patients were present and participated until 9 o'clock p. m. All were made welcome by the "genial steward" and the evening, in spite of the inclemency of the weather, was passed in a most enjoyable manner. Among the invited guests we notice (*Globe-Democrat*) the names of Justices Schultz, Finney and Heller, (constituting the Board of Managers), Drs. N. de V. Howard, Stevens and Fichtenkam, and Messrs. Geo. W. Fichtenkam and C. D. Stevens.

IN VIEW of the possible change in the occupant of the office of Mayor of St. Louis (we have two claimants for that chair at present) there is considerable agitation in the ranks of the politicians, medical and otherwise, who have the happiness of serving the people. We trust that no change will be made in the chiefs of our hospitals and Board of Health, the present occupants giving general satisfaction, while change in such important positions does not always make matters better, rather the contrary.

**MCNEALE & URBAN'S SAFES**, for sale by G. V. Halliday & Co., 407 and 409 Walnut street, are steadily gaining in public favor. The Belcher Sugar Refinery Company have lately shown their appreciation of the value of these safes by investing in one of the largest size.

**DOEPKE**, who was detected in the act of robbing a grave yard, has been indicted for grand larceny by the Grand Jury. It seems that he had an arrangement with an undertaker to dispose of the second-hand coffins, hence the indictment.

**COLLEGE COMMENCEMENT.**—The commencement exercises of the Missouri Medical College will take place on the evening of March 2d. The summer course of lectures will open on the 13th of March and continue three months.

**THE KRING CASE.**—The motion for a new trial in the case of Chas. F. Kring, convicted of murder in the first degree, has been overruled and the prisoner sentenced to be hanged on March 24th.



## St. Louis Clinical Record.

VOL. II.

MARCH, 1876.

NO. 12.

## Original Lectures.

*PACHY-MENINGITIS.*

BY JEROME K. BAUDUY, M. D.

In my last lecture, while speaking to you upon the subject of cerebro-spinal meningitis, I discussed its connection with different diseases, such as typhus fever, scarlatina, malarial fever, etc., with which, at least by some authors, it has been confounded. I fully compared its clinical and pathological phenomena with those of each of these, proving conclusively that it was not in any manner connected with them. I, moreover, took the position that it was not primarily a nervous affection, but an essential fever, somewhat resembling typhus in its action, and that in cerebro-spinal meningitis a peculiar *materies morbi* probably existed, whose action upon the cerebro-spinal nervous system caused the inflammation of the meninges, there being a toxæmia in both cases.

In the consideration of the different diseases of the membranes covering the brain we have so far reviewed: first, acute idiopathic; second, tuberculous; third, cerebro-spinal meningitis. In each of these diseases there is, as we have already seen, an inflammation of the pia mater as well as of the arachnoid. We now came to the description of the fourth form, the last one we will study. It is a variety of rare occurrence, but in reference to which, however, you must be constantly on your guard, never allowing it to elude your vigilance, as it is apt to deceive the inexperienced physician. This affection is known as *pachy-meningitis*, or inflammation of the dura mater.

If you have carefully followed me in my previous lectures, you will recollect that in the other varieties of meningitis the dura mater was not involved. In the present malady, however, the inflammation is almost exclusively limited to that membrane, the others remaining healthy.

Pachy-meningitis is rarely idiopathic, being almost always dependent upon some secondary

cause; hence, when it exists, we can generally suspect the nature of its etiology. It differs considerably in this respect from acute idiopathic meningitis: a child, for instance, is often seized with the latter affection, without our being in the slightest degree able to ascertain the exciting cause; but in pachy-meningitis there are certain generally-recognized influences leading to its production. The most ordinary of these are *severe blows upon the head*, and *external violence, fractures or fissures in the skull*. In addition to these, we have diseases of the bones of the cranium, such as *caries* (syphilitic or otherwise), resulting from *ozæna*.

Another very common and important source of pachy-meningitis, which I wish you always to recollect, and one which is not sufficiently appreciated or recognized, is *otorrhœa*, with *caries* of the temporal bones. Otorrhœa is a frequent sequel to scarlatina, or other of the exanthemata, such as *rubeola* or *variola*. In these diseases there is usually an affection of the throat, an inflammation of the pharynx, which is more or less persistent, and, being situated in the mucous membrane of the fauces, by continuity of structure is transmitted along the mucous membrane of the Eustachian tube, and finally involves the middle and internal ear. This rapidly destroys the *ossicula auris*, attacks next the deeper layers of bone, and finally produces an inflammation of the *dura mater*, developing pachy-meningitis, as we have before seen. Jaccoud states that when the disorder follows an injury, as a blow upon the head, the starting-point of the inflammation is in the membrane lining the external surface of the skull—the *pericranium*. The inflammatory condition of the *pericranium*, for reasons not obvious, causes the inflammation of the *dura mater*: as there is no very evident connection between these membranes, we cannot very well explain the mode of transmission of the inflammation; though, after all, it might be communicated or propagated through the osseous structure.

Considering what I have said in regard to *otorrhœa*, you will readily understand the necessity and importance of energetically treating the disease, notwithstanding the representations of parents that its cure is attended with danger. As a rule, mothers do not wish an interference with any discharge. This is an

old-fashioned but still prevalent prejudice. Formerly it was considered very injudicious on the part of a physician to arrest or check purulent discharges. I have seen, little children, covered with eczema, scratch, suffer, and pass sleepless nights, simply because the family physician acquiesced in the wishes of the mother, who, according to some traditional notion, imagined that brain-disease would inevitably follow the disappearance of the eruption. These ideas, as I have said already, are held not only in regard to otorrhœa, but also to cutaneous eruptions, having some authoritative weight in their support. Owing to such opinions, many an otorrhœa has been allowed to run its pernicious course, causing caries of the neighboring bone; inflammation of the dura mater, and the death of the patient. It is always well to respect the feelings of the mother, but you should never allow yourselves to be dictated to by any one governed by prejudice. Rather decline the responsibility of the case.

In order to show you the suddenness of death in some such cases, I will relate an incident to you which came under my direct observation. Before commencing its recital, I can conceive that you may perhaps inquire if in pachymeningitis we have not first the symptoms of irritation and then those of depression, or if there will be marked headache, convulsions, vomiting, contraction of the pupils, etc., previous to the advent of coma. In answer, I would say that in some cases they may be present, in others they may be absent; and oftentimes the first symptomatic indications will be those of depression, those of irritation having been so slight that they were entirely overlooked, and coma will follow. But I must relate my case, as an illustration from actual experience is always much more instructive than a long, dogmatic disquisition. I wish particularly to impress you with caution, by citing to you not my triumphs but my mistakes, in order that you may be prevented from being led into the same error.

Some years ago I was the family physician of a most respected and interesting family, one of whose members was a young lady of about the age of eighteen. She was a charming girl, very intelligent and highly accomplished, and had had during childhood an attack of scarla-

tina, followed by an otorrhœa so obstinate and persistent as to defy all treatment. A distinguished specialist in aural surgery had treated her without success. About the time of the sad occurrence I am relating, the young lady was noticed to be failing in health, which was all the history I could glean. She was not very sick, but the mother had become uneasy and sent for me. I also learned that there had been some fever, and, being somewhat in a hurry, I diagnosticated rapidly an intermittent fever which was then quite prevalent. Upon questioning the mother further, I learned that the girl had had severe headache for a few days previously, and also that she imagined her daughter was at times somewhat delirious. This was perfectly compatible with my diagnosis. As she also had a sore throat, I proceeded to examine it carefully. Bringing her near the gas-light for the purpose, I noticed that the light greatly hurt her eyes, but paid no attention to this important fact; still believing that she had malarial fever, and her tongue being coated, I prescribed calomel and quinine, and then left, promising to return the next day. The mother, being nervous and anxious about her child, followed me to the door and asked for my opinion. I immediately proceeded to reassure her, firmly believing that the quinine would do its work, so I told her that there was no cause for alarm, as the young lady would be well in a few days. About eleven o'clock the same night I received a message from a neighboring physician, who desired my presence at the house of my patient, stating also that she was dying. I thought it was probably some hysterical trouble, making him over-anxious, but still went, intending to reassure him. I had scarcely entered the room before I recognized that she was comatose, and the same minute I appreciated my sad error in diagnosis. I had overlooked the importance of the otorrhœa, although aware of its existence, which, to quote the beautiful expression of Niemeyer, is like the "sword of Damocles, suspended by a slender thread." The otorrhœa, photophobia, headache, constipation, and delirium were all known to me at my first visit, yet I overlooked the danger and gave an encouraging prognosis! I was baffled and mortified, as the lady died that same night, and I should have anticipated the unfortunate termination of her illness. It was a lesson

which is still indelibly impressed upon my mind. If this mistake of mine can be at all beneficial to you, if an otorrhœa with cerebral symptoms can make you apprehensive, and sound the note of alarm when presented for your consideration, then I am amply repaid in having related my melancholy experience. You will have remarked how very few were the symptoms of irritation in this case, how rapidly coma supervened, carrying the patient off before alarming symptoms had manifested themselves. You see, therefore, that pachy-meningitis is an affection to be dreaded. This case illustrates the mode of extension from the ear to the dura mater, resulting fatally.

You are all acquainted with the peculiarities of the dura mater, its sinuses, and their peculiar anatomical relations. Now, when an inflammatory condition of the dura mater exists, there will be developed a tendency to the formation of thrombi in the cerebral sinuses. The inflammation of the dura mater may be propagated to the sinuses, stasis of blood will occur within them, and a clot or thrombus being formed will interrupt the circulation and clog their cavity. This is one of the contingent dangers of inflammation of the dura mater, and according to the location of the primary cause will a particular sinus become involved. In ozæna and caries of the ethmoid bone the longitudinal sinuses will be implicated, while in caries of the petrous portion of the temporal bone the lateral and petrosal sinuses will be inflamed.

From your knowledge of thrombosis and embolism, you are aware that the interference with the circulation in the cerebral sinuses is not the only danger to be apprehended, as there may be another important complication—a metastatic abscess in the lung. You should always remember that thrombosis may result in embolism, as sometimes occurs, for instance, after inflammation of the uterine sinuses, and also in phlebitis resulting from fractures or other causes. We have already seen how the embolus becomes detached, and is taken to the right ventricle and thence to the lungs, where, if large enough, it will plug up the pulmonary artery, or one of its important branches, producing death by apnoea. But if the clot be small and in a suppurative stage, a metastatic abscess will be produced in the lung. This is exactly what sometimes happens in

pachy-meningitis. The notions upon this subject were, up to a recent date, of a very crude character. You will now be able fully to realize the danger of this disorder, and also to understand its mode of origin.

Unfortunately, there are no particular or pathognomonic symptoms of this affection. You should, however, be constantly on your guard as to the existence of the conditions of the primary disturbance, which, with the history, will give you a clue to the diagnosis. If the patient has received a violent blow upon the head, if he has otorrhœa or ozæna of long standing, and before death exhibits marked cerebral symptoms, you may safely conclude that the disease is probably pachy-meningitis. The symptomatology of the affection may be obscure, but the etiology remains clear. Hence it is that I do not wish to dwell upon unimportant symptoms, the main object being that you should be fully acquainted with the causes of the disease, and that thus being forewarned you may be forearmed. Never hurry in making a diagnosis, and always attach paramount importance to otorrhœa and ozæna. These you should treat in time to prevent subsequent symptoms that might arise, otherwise coma will supervene, and you will be utterly powerless to effect any good. To recapitulate: recollect that in otorrhœa, ozæna, and injuries to the skull, you are to apprehend pachy-meningitis, and that as a result there may be thrombosis of the cerebral sinuses. The patient may die of arrestation of the circulation in the sinuses, of inflammation of the dura mater itself, or of embolism or its result—metastatic abscess of the lung.

About the treatment there is very little to be said. You may treat the brain-symptoms in this disease as in other forms of meningitis.

The prognosis, of course, is necessarily very unfavorable. On post-mortem examination you will generally find an adhesion of the dura mater, and a purulent deposit between the membrane and the bone. You find, moreover, an inflammatory condition of the cerebral sinuses, thrombi or clots, large or small, and, at times, markedly putrescent, sometimes extending as far as the torcular Herophili.

THE noted chess-player, Paul Morphy, is reported to be hopelessly insane.

## Original Communications.

### DAMIANA AND ITS ACTION.

#### *Treatment of the Curable Forms of Impotency.*

BY WM. B. HAZARD, M. D. (BELLEVUE.)

By impotency, it is intended to convey to the mind the fact of inability to perform the sexual act. It is usually restricted in its application to the male sex only. Full ability to hold sexual commerce may be present and still no impregnation of an ovum ready, physiologically, for fecundation may result. The inability to be fecundated receives the proper term sterility and is appropriately restricted to the female, although the male may be sterile, and at the same time able to copulate.

Absolute impotency is observed in the male castrated before the period of puberty; in children; in the subjects of many exhausting diseases; in the victims to affections of the nervous system, particularly in some forms of sclerosis of the cord (later period), and in myelitis. It is also to be observed in the aged, and in those who have completely exhausted the virile powers by long continued sexual excesses, and by Onanism. Chronic Onanism is found among the inmates of hospitals and asylums for the insane, and is doubtless more often the product of the different affections of the brain producing insanity than the cause of the morbid affections themselves.

With these absolutely hopeless cases we shall not attempt to grapple, in this article nor in practice. With the old, or prematurely aged *roué*, who resorts to his physician for something to stimulate or spur up his vital powers that he may commit his beastly excesses anew, we will have nothing to do, and trust that none will take the trouble to peruse this paper in the hope of being able to pander to the depraved appetites of this always-increasing class of individuals who are willing to barter their birth-right away if they can thereby attain the satisfaction of their unnatural desires.

There is another and a more hopeful class of patrons which it is the object of our writing to benefit, and who may be relieved by the physician's aid and counsel. These are the literary man or student who has sent all the energies

of his nervous system to aid his brain to accomplish some cherished object; the business man whose forces are expended in the cares and anxieties of a life of mental strain and worry; the young husband who has over-rated his powers through ignorance and the wish to do as he supposes other men are accustomed to doing; and the convalescent from protracted disease who finds that his sexual ability has not recovered in proportion to his otherwise normal condition. To these must be added the larger and really more important class of patients who merely *suppose* that they are impotent when lack of confidence in their own powers—the fancied inability to perform an untried act, and the presence of a person in whose estimation they would stand well, are the only obstacles to the due and natural performance of the sexual act. The subjection of a man to the operations for stone in the bladder is sometimes the cause of impotency; also the rupture of an urethral stricture has had the same effect.

Aphrodisiacs have been sought for since the days of the earliest civilization of which we have anything like a medical history. In every land he or she who would obtain the return of a passionate affection, has resorted to love-philters, to incantations, to subtle influences of all sorts to stimulate an amorous feeling in the object wished for; and if we may believe the chroniclers of old, the secret charm, the amulet, the love-powder or philter was not always unsuccessful.

Among the charlatans and pretenders, the astrologists, clairvoyants, soothsayers, quacks, etc., etc., of the present enlightened (?) age, these same magical means of obtaining the required object, the return of a wife to duty, the obtaining of the affections for lustful purposes, or the revival of lost affections, are among the most successful of the deceitful promises of these abominable wretches.

It is probable that most of the ancient aphrodisiacs contained some narcotic or deliriant drug, like belladonna, opium, stramonium, cannabis indica or hyoscyamus.

In the Biblical story of Lot and his daughters we have an instance of the use of wine for the same sort of purpose. In modern times, the myriad forms of alcohol have been used to dull the senses, to obtund the conscience, to stimulate the passions, and thus

prepare the way for the arts of the seducer, the procurer and the harlot. Of this class of aphrodisiacs we do not propose to treat; they are mentioned that the mystery which seems to many, to envelop those ancient preparations may receive a rational interpretation.

Among the modern quack remedies, or stimulants to the sexual apparatus, cantharides holds the first rank, and its presence would doubtless be detected in most, if not all, the secret preparations sold at fabulous figures for this purpose. Although, in a very few instances, cantharides has had the credit of stimulating the sexual desires, it is certain that, in the vast majority of cases, persistent, painful priapism, without the least sexual tendencies, has been the effect of large doses, while small doses have had no effect whatever in this direction. In the female, the effect produced has been nephritis, cystitis, and congestion, inflammation, or even gangrene of the vulva and adjoining parts, without any increase in the amorous desires. Hence, as a good and safe aphrodisiac, it is a complete failure.

Reasoning from the fact that it forms an important part of each nerve cell and fibre, and of the seminal fluid, it has been thought that phosphorus was the remedy to be administered in all cases of impotency. The results obtained have been, in some measure, successful; but the poisonous effects of large doses, or of small ones, if long continued, and the difficulty, until recently, of obtaining its minute subdivision and protection from the oxygen of the air until placed under the proper conditions for absorption; these difficulties have interfered with its common use. Several of our prominent manufacturing chemists, Warner & Co., Reed & Carnrick, Hance Bros. & White, and others, have recently, however, removed, almost entirely, these hindrances to its successful employment.

In combination with strychnia, phosphorus must be considered our best-tried medicine for the relief of many of the most troublesome of nervous affections, the curable varieties of impotency among them.

Within the past year, however, a new aspirant for our favor has arisen, for which many virtues are claimed. It is passing through a critical period, that of its subjection to the crucial test of trial in actual practice. Thus far the reports upon its properties as developed

in the treatment of disease, are somewhat conflicting, but so many of them are favorable, that we may be allowed to hope that its real excellencies are but just beginning to be understood.

In fulfillment of the promise made to the editor of the RECORD, we now proceed to examine the evidence for and against the aphrodisiac properties claimed for Damiana by its friends.

The first notice of its name, origin and properties, that we have seen, appeared in the May, '75, number of the *Virginia Medical Monthly*, from the pen of Dr. J. J. Caldwell, of Baltimore. A brief abstract of the paper was given in the RECORD for June last. A more thorough report of Dr. C.'s cases, as reported, will now be given:

A gentleman, aged seventy, asked to be treated for the weakening of his sexual powers, which he had discovered upon his marriage with his fourth wife. A few weeks' use of a strong tincture of Damiana, in tablespoonful doses, three times a day, produced the desired result. He reported himself "well able to enjoy sexual congress, of course, observing a moderation due in a man of his years."

A lady, aged forty, after a severe illness with mental trouble, lost all sexual appetite. The effects of the use of Damiana were most happy.

A gentleman, aged fifty-five, suffered from general debility of the sexual organs, attributed to the excessive use of alcohol. Tincture of Damiana, faithfully used for a month or six weeks, greatly increased his secretion of urine, and improved his sexual ability.

A gentleman, cured of urethral stricture by electrolysis, suffered with extreme irritability of the bladder. This yielded to tincture of Damiana in moderate doses twice a day. Dr. Caldwell considers it a good diuretic, and general nerve tonic to the whole genito-urinary tract.

The same writer, in the *Clinic* for July 17 and 24, '75, again discusses the action of this new remedy. He experimented upon two of his friends who were not suffering under any form of impotency. In one, a delicate young man suffering from pulmonary hemorrhage, a use of the article for a week or ten days produced not only an excessive flow of urine, an increase of appetite and improved digestion,

but also an almost uncontrollable sexual desire. The other, a large, athletic man, in vigorous health, experienced the aphrodisiac effects of the drug, only after three weeks' use in large and increasing doses.

A lady had been gradually losing all sexual desire for some years. A generous diet of fish and eggs, with drachm doses of fluid extract of Damiana, produced the desired result in three or four weeks.

A gentleman, aged fifty-five, suffered for many years from impotence and chronic alcoholism. There were also, some atrophy, paralysis and wandering rheumatic pains. He was subjected to systematic treatment by galvanism to the spine, tincture of Damiana, in half-ounce doses three times a day, and entire withdrawal of all other stimulants. These measures were continued for fully a year, with the effect of restoring his health and power, and curing him of his habits of drunkenness.

A missionary, anticipating marriage with a bright and buxom young widow, was conscious of a partial loss of sexual power. All other treatment was discarded and tincture of Damiana was liberally given for several months. He then married, as he says, successfully.

Dr. J. W. Van Arnum, of Washington, D. C., reports a remarkable case in the *Virginia Medical Monthly* for July and August, '75. It was that of a man, aged fifty-five, who, after remaining a widower for five years, proposed marriage to a young woman and was accepted. He had not had an erection for more than three years, and was, hence, greatly distressed in view of the approaching nuptials. He had been under treatment for some time for this inertia of his genitals, but without effect. He was put upon full doses of fluid extract of Damiana, (the wedding having been postponed for three weeks), and in two and a half weeks, taking the medicine every four hours, he felt equal to the emergency, was married, went on a wedding tour, and stated on his return that the desire, as well as the capacity for sexual congress, was fully restored.

Dr. Van Arnum regards Damiana as an excellent general tonic, also.

Dr. Thomas Kennard, of this city, states that he has made a limited use of fluid extract of Damiana, with satisfactory results so far as he has used it, but the high price of the remedy has interfered with a full test of its aphrodisiac

powers. Dr. K. is too well known as a careful observer, and ready writer, to need any endorsement from us. We hope that he will publish, at some future period, the results which he has already and will have obtained from the use of this remedy.

Dr. E. A. Duncan, of Washington, D. C., reports a case of leucorrhœa with sterility, both relieved by fluid extract of Damiana, in three drachm doses, three times a day, continued for several weeks. Also a case of entire failure of the virile powers, from excesses, in a young man, aged thirty-two. Two-drachm doses of the same preparation, three times a day, effected entire restoration of his sexual capacity in about two months.

It will be noted that the use of this medicine must be continued for several weeks in order to obtain the desired effect. Thus it would seem that it is not an *irritant*, and is not adapted to nefarious misuse—a manifest recommendation.

Dr. J. C. C. Blackburn, of Brownsville, Ga., adds his testimony to the aphrodisiac properties of Damiana, in a communication to the *Baltimore Physician and Surgeon*, for December, '75. His cases are as follows:

A gentleman, in the prime of life, suffered from spermatorrhœa, enlarged prostate, and impotency, following a badly-treated attack of gonorrhœa with urethral stricture. The latter affection had been removed. The whole routine of treatment for impotency had been exhausted without effect, when he was placed upon fluid extract of Damiana, in tablespoonful doses, three times a day. His virile powers have nearly returned to their normal standard.

A professional gentleman, past fifty years of age, had nearly exhausted his sexual powers; to the degree of being unable to perform the act of coition oftener than once a month. Being married, he was naturally anxious to restore his functions in this direction. He was advised to abstain from whiskey and tobacco (he had been in the habit of using both to excess), and to try Damiana. The use of the fluid extract for one month resulted in perfect restoration.

A lady, after the birth of her last child, seven years before, seemed to have acquired an extreme disgust for sexual congress, although before that event she had been as

"amorous as most ladies." She had a perfect horror of child-bearing, and refused all treatment which might restore the long-absent desires. She was anæmic and Damiana (fluid extract) was given as a tonic, no mention being made of its aphrodisiac properties. After taking nearly two bottles (eight ounces each) the natural sexual tendencies have been restored to nearly their former activity.

It would seem that there are several medicinal herbs offered to the profession under the same name, but having different botanic characteristics, and doubtless varying in properties. A writer in the *American Journal of Pharmacy* figures the leaves of three distinct plants, offered for sale as genuine Damiana; one from New York city (three samples, all alike), one from San Francisco—said, like the next one, to come from Mexico—and a third from Washington, D. C.

This difference in the plants having the same name, or fraudulently placed upon the market as being the genuine article, is altogether sufficient to account for the unsuccessful use of the remedy, by very competent and every-way trustworthy members of the profession. The other side of the question—that is to say—the evidence against the claims of Damiana to be considered a trustworthy tonic to the reproductive organs, will now be given to some extent:

At a meeting of the Cincinnati Medical Society, held Nov. 16th, '75 (Cincinnati *Lancet and Observer*, Jan. '76), Dr. W. B. Davis said that he had been consulted by a farmer from Kentucky, who was temperate, and gave no indications of excesses, but who suffered from some form of impotency. Iron, strychnia and phosphorus, had been given with the result of improving his general health, but effected no change for the better in regard to his sexual powers. Damiana was now prescribed, and sixteen ounces given, but there was no perceptible improvement.

Dr. Kemper said he had also made one trial of this remedy. A case of lead-poisoning was followed in a couple of months by loss of sexual power. Damiana was given without any effect. He did not state to what extent it was administered.

Several prominent medical men of this city have given the remedy a partial test, and we are informed, by a pharmacist of note, that

the results obtained by one of them (we have not yet had opportunity of ascertaining his results personally) were quite satisfactory for a time, but that the improvement proved only transitory. We hope that these gentlemen will publish the results of practice, that the profession may receive proper guidance in this matter.

Of the imaginary form of impotency it may be well to say a few words. The subject has been treated so well in Sir James Paget's recent book,\* that more than a passing notice will be unnecessary. Lee, in his *Lectures on Syphilis* (noticed in the January RECORD) also treats of the subject of so-called spermatorrhœa, etc., at some length.

Beard (*Archives of Electrology and Neurology*, Nov. '75, page 236) gives the following indication of the cause, symptoms and rational treatment in one paragraph, as follows:

"The sexual power in man, as we all know, may suddenly fail when the necessity of accomplishing the end is especially urgent. Thus young men who imagine they are impotent, experiment with a woman to find out, and can do nothing; if they were indifferent to the matter their potency would be perfect; excess of desire takes away the power. Disappointments on the first few nights of marriage, that have been known to lead to insanity and suicide, are similarly explained."

Phosphorus, strychnia, cantharides or Damiana need not be prescribed in these cases. A simple placebo may be given with a strong injunction to refrain absolutely from any and all attempts at the performance of the sexual act for ten days or two weeks, will effect a cure in every case of false impotency. The promptings of nature will overcome the explicit orders of the physician and the supposed impotency at the same time, and a cure may safely be guaranteed in every case; and the more positively the cure is promised the more certain and speedy it will be to take place.

The use of electricity in cases of loss of virility, as well as the employment of other medicinal and hygienic measures, will have to be deferred to a future article, which we hope to be able to give soon to readers of the RECORD.

3117 Clark avenue, St. Louis.

\*Clinical Lectures and Essays.

## Extracts and Abstracts.

### ON LACERATION OF THE GRAVID UTERUS.—

Mr. J. Ashburton Thompson (*Obstet. Jour. of Great Britain and Ireland*, Jan. and Feb. 1876) examines at length the symptomatology of this affection. Although rather a rare event, still, like extra-uterine pregnancy, it is one which every obstetrician may meet with at any time. If it is not recognized by the accoucheur, he may find himself subjected to a legal prosecution, unfortunate to his reputation as well as injurious to his purse. Mr. Thompson makes an analysis of twenty-three cases, collected without selection, of rupture or laceration of the gravid uterus, and has directed his attention particularly to the presence or absence of the symptoms pointing especially to the occurrence of this accident, as they are described in the text-books upon midwifery. The leading symptoms observed in a typical case are seven in number, and are considered by Mr. T. in the following order, viz: 1. Violence of the throes before rupture. 2. A peculiar pain at the time of rupture. 3. Hemorrhage. 4. Immediate cessation of the throes. 5. Retrocession of the presentation. 6. The speedy occurrence of collapse. 7. Convulsions.

1. "*Of the Character of the Throes Preceding Rupture.*—It is stated that in those cases in which rupture is about to occur, the throes are either excessive in force or continuous, or excessive in force but short, partaking, therefore, as it would seem, rather of the nature of tonic and clonic spasm respectively. They produce no alteration in the position of the foetus. \* \* \* 26.6 is the percentage \* \* \* in which the throes were peculiarly aggravated before rupture in this series of cases. \* \* \* In another and larger class of cases, so far from there being any tetanic contractions, the throes are modified in the contrary way—becoming feeble and infrequent; while in the remainder of the 73.4 per cent. they are unaltered."

2. "*Of Pain Occurring at the Time of Rupture.*—Simultaneously with the occurrence of rupture, and in consequence of it, a pain is said to be experienced which is sudden and excruciatingly sharp. Should it coincide with a throe, however severe that may be, this pain is said to be easily distinguishable from it, and so severe and peculiar that the patient is generally represented as screaming out upon its occurrence. \* \* \* In four of the twenty-three cases this pain was not observed; for in one the rupture was immediately caused by a fall down stairs; in the second, by rupture under chloroform; in the third, during attempted version; and in the fourth, the injury was caused by spicula of bone, removed during craniotomy." In eleven of the remain-

ing nineteen, there was no pain observed, but it was noticed in eight. He says: "I conclude, then, that should a patient, in course of delivery, give vent to an abrupt, sudden expression of anguish, which she is able to refer to a particular part of the uterus, a very strong presumption in favor of the occurrence of partial or complete rupture will be raised; but that such a symptom is rare, even in cases in which, by other signs, it is known that rupture has happened. Equally, should a patient be found suffering from some of the other symptoms of rupture (or, as is far more usual, from somewhat indefinite symptoms, collapse alone being prominent), the absence of any history of the particular symptom now under discussion is not in the least damaging to a diagnosis otherwise well founded."

3. "*Of Hemorrhage.*—He concludes that, "notwithstanding the vascularity of the gravid uterus, more than slight hemorrhage, either external or internal, is not a common result of its laceration; but it seems reasonable to expect that there will be more bleeding, in case the vagina is involved in the wound."

4. "*Of the Action of the Uterus Subsequent to Rupture.*—"In about 52.9 per cent. the throes ceased in a typical manner; in three cases they were unaltered; in five they were modified in some other manner. \* \* \* The mere continuance of uterine action is not sufficient of itself to upset a diagnosis of rupture founded upon other symptoms; for if the rupture be not of a size to allow the fetus to make its exit thereby at the same time that it has not induced collapse (as is often the case), the uterus will continue its efforts to relieve itself in the natural manner, and not unfrequently with success."

5. "*Retrocession of the Presentation.*—This symptom, depending, as it does in part, upon the size and situation of the laceration, can only be regarded as confirmatory of suspicions otherwise aroused in such cases as offer it."

6. "*Of the Speedy Occurrence of Collapse.*—\* \* \* Out of eighteen cases, then, in six only did collapse occur immediately—or, in no more than 33.3 per cent.; while in more than 66 per cent. this symptom did not make its appearance until some time, and very often a considerable time, after complete rupture. And it is especially important to notice that in so large a proportion as 33.3 per cent. collapse did not occur until labor had been terminated either by nature or art."

7. "*Convulsions* are not reported to have occurred in any of these cases."

He therefore concludes from the analysis of 23 cases that "variations from the classical descriptions of such cases are not only common, but are actually more common than the typical cases themselves."



**BROWN-SEQUARD ON ALTERATIONS IN THE GASTRIC MUCOUS MEMBRANE CONSECUTIVE TO CEREBRAL LESIONS.**—At a session of the *Société Anatomique*, Nov. 5, 1875, M. Brown-Séquard said: The specimens which I exhibit to the society are from an animal which had been caused to submit to a lesion of the encephalon (cauterization of the brain surface), in which lesions of the stomach had been subsequently developed. At first the animal emaciated considerably after the injury of the brain, then he began to fatten, and, at the same time, became more lively, more active, and in some ways more intelligent than before the operation.

At the autopsy, it was ascertained that the mucous membrane of the stomach was of a vinous red, and also, that a rounded ulcer, involving all the coats of the stomach was to be remarked; this was completely closed by the spleen, the two organs being united by cellular adhesions, but were easily separated.

Similar facts have been often observed since 1844, at which time Schiff directed attention to them. But there still prevails a certain degree of uncertainty upon the subject of the mechanism by which they are produced. To Schiff is due the credit of saying that the pneumogastric nerve had nothing to do with the causation of these gastric lesions; but excepting this point, which is true, he has disseminated a great number of erroneous ideas. He has, notably, confounded together, phenomena dependant upon vaso-motor paralysis, with those entirely distinct from them. Thus, he appears to regard as having absolutely the same mechanism, softening and ulceration of the gastric mucous membrane, and hemorrhages found in the same organ, occurring consecutively to certain lesions of the nervous centers; now, these are essentially distinct phenomena.

Schiff was right, when he said that lesions of the corpora striata, of the penduncles or of the spinal marrow might lead to softening of the gastric mucous membrane; but he was wrong when he said that the same injuries might produce hemorrhages at the same time; the latter is extremely rare, and in a vast number of experiments I have observed only a single example of it following a lesion of the cord. On the contrary, hemorrhages are constantly observed where the lesion involves a point of the pons varolii found at the level of the insertion of the middle cerebellar peduncle.

After having compared the two phenomena, hemorrhage and softening, Schiff would explain both by a vaso-motor paralysis; this is still another error, so far as the hemorrhages are concerned, for their mechanism is totally inverse, and consists essentially in a contraction of both arteries and veins; following these, the blood finding itself forced toward the capillaries from both sides at the same time; the

capillaries, being gorged with blood, are torn; this is the sole possible explanation.

In the present case, the cerebral lesion was produced by burning the surface of the brain. At this point, between the burned surface and the skull, quite firm adhesions have been produced, the study of which shall be pursued afterwards. During several months past I have often employed the actual cautery, by the red-hot iron, as a means of excitation of the brain, and have obtained some very interesting results, which differ from those given by other methods of excitation. It is very certain that the phenomena obtained vary, not only according to the point at which the excitant is applied, but also, equally, according to the nature of the agent employed.—*Le Progrès Médical*, Feb. 19, 1876.

[These observations of the illustrious physiologist are of great interest, especially, when compared with the opinion of Prof. Hammond, upon the cause of Vice-President Wilson's death, noticed at length in the February RECORD.]

**BROWN-SEQUARD ON CONVULSIONS IN BRAIN-LESIONS.**—At the session of the *Société de Biologie*, held at Paris, Feb. 5, 1876, Brown-Séquard, Onimus and Charcot discussed the subject of the appearance of convulsions in lesions of the brain. After having rejected the exclusive opinion of Lallemand, who always connects these symptoms with meningitis, Brown-Séquard cited a large number of cases of direct convulsions, those which, appearing without regard to the location of the lesion, submit themselves to no law whatever; there being an endless variety in the grouping of the muscles convulsed. The same holds good of the contractures, the tremors, hemi-chorea and movements of rotation, as well as for the abolition of functions such as aphasia and amaurosis.

Brown-Séquard enunciated the following conclusions: According to him, convulsions proceeding from the cerebral center to the muscles have no existence, but by the immediate action of a small number of fibres, the will is transmitted to the motor cells and these latter then direct the movements. The phenomena of sensation is produced by the same mechanism in an inverse direction.

One-half of the brain suffices for all functions; but education develops in the left lobe the centers for speech and movements, while the right hemisphere presides especially over the nutritive phenomena. The cerebral cells are not grouped together in such a manner as to form motor centers, but they are irregularly disseminated throughout the encephalon. This is proven by the celebrated experiment of Flourens, in which, by removing the brain substance by successive sections, it was ob-

served that movements were abolished only when the entire brain had been ablated. Finally, that the phenomena of excitation and of paralysis, convulsions and loss of functions are due, not to destruction of centers, but by distant irritations acting through conductors.

Onimus had several times verified the exactness of Flourens' experiment upon animals. Automatic movements were never better performed than after the removal of the brain, only the animal lost the power of making such or such a movement at will.

Charcot remarked upon the difficulty of utilizing these experiments in human pathology, it being so different from that of animals. Besides, in man, the brain holds a preëminent position, which it does not hold in the inferior animals; again, the brain of the monkey can alone be compared with that of man, and experiments have not been made upon this species.—*Le Progrès Médical*, Feb. 12, '76.

#### PICROTOXIN IN GLOSSO-LABIO-PHARYNGEAL PARALYSIS, EPILEPSY AND PARALYSIS AGITANS.

—The following is from the *Bulletin Général de Ther. Méd. et Chir.*: M. Gubler has tested Picrotoxin in one case of glosso-labio-pharyngeal paralysis. Its action upon the spinal marrow and medulla oblongata has been well studied of late by Dr. Planat. Before the use of this medicament, the patient could neither eat nor articulate words distinctly. A most sensible amelioration was produced after the administration of the picrotoxin; deglutition could be again performed, and the patient was able to pronounce words distinctly. The last-named amelioration was not maintained, but swallowing may still be performed without any great difficulty. Picrotoxin may be administered in doses of 1 milligram in solution, subcutaneously. These injections were not painful; nevertheless, they produced induration of the cellular tissue which was quite persistent, and of the volume of a hazel-nut, hence the patient's skin became studded with these nodules.

M. Dujardin-Beaumetz has also employed picrotoxin in his service. In one case, that of a butcher's boy, aged thirty years, who had been addicted to alcoholic excesses, and who, for six months, had had epileptic paroxysms almost every day. Bromide of potassium, oxide of zinc, etc., etc., had been tried in vain. Upon his entry into the hospital he had epileptic fits nearly every day. Dugnerel's picrotoxin (the same preparation used in Gubler's case), in granules of a quarter of a milligram was administered, and the dose progressively increased to 14 granules daily (this equals 1-20 of a grain). Treatment commenced July 12th and ceased Aug. 22d. At first the paroxysms returned every second day, then every three days, and thus continued to diminish until they definitely ceased, August

22d. From this date until Sept. 27th, the patient was kept under observation and had no more attacks; he then left the hospital, and it is not known whether the paroxysms have reappeared or not.

M. Dujardin-Beaumetz observes that too great importance should not be attached to this case. The epilepsy was of undoubted alcoholic origin, and the severe regimen to which the patient was made to submit while in the hospital should receive much of the credit for the cure should it prove to be a complete one.

M. Dujardin-Beaumetz has employed picrotoxin in a second case: a woman, forty-three years of age, afflicted by paralytic agitans for the last three years. The remedy was administered in doses of from 1 to 12 granules ( $\frac{1}{4}$  milligram each) gradually increased from the minimum, but no amelioration whatever was experienced.—*L'Union Médicale du Canada*, Jan. '76.

EFFECT OF MENTAL IMPRESSIONS AFFECTING THE PARENTS UPON THE PHYSICAL AND MENTAL CONDITION OF THE CHILD.—Dr. L. S. Joynes read an interesting paper upon this subject before the Richmond Academy of Medicine, at its session held on January 6, 1876. A full abstract of the paper appears in the *Virginia Medical Monthly* for February 1876. Dr. Joynes recognizes the fact that many of the cases reported are simply coincidences or after-thoughts on the part of the parents. Of the latter class he relates the following amusing instance:

"The Doctor once knew a white woman who explained her having a *negro child* by her having longings for black walnuts during her pregnancy!" Nevertheless, he accepts the possible and even probable reality of maternal impressions affecting the offspring. As to the rationale of the production of the special effects, deformities, marks, etc., he says: "It is only in occasional cases in which women are subjected to strong impressions that unmistakable results ensued. This may be accounted for by the different degrees of impressibility of different women [and of the same woman at different periods]. It is only in those of an unusual degree of impressibility, of *highly* nervous temperament, that the effects in question would be likely to happen; and such is expressly stated to have been the characteristic of several of the women who were the subjects of the cases reported."

The practical point insisted upon by Dr. Joynes is this: "The state of the woman's mind should be cared for during her pregnancy—she should avoid everything calculated to excite disgust or alarm. And we can but approve the wisdom of the ancient Spartans, who were accustomed to surround their wives while pregnant with beautiful pictures and images

and other agreeable objects; and even enforced the custom by the requirements of law."

**RELATIONS OF SYPHILIS TO ANEURISM.**—Mr. Francis J. Welsh, in a paper read before the Royal Medical and Chirurgical Society, gives much evidence upon which to base an affirmative opinion upon the causative relation of syphilis to aneurism. The unusual prevalence of aneurism among soldiers is thus to be accounted for. He has found that as many as 50 per cent. of the cases of aneurism he met with, and 46.1 per cent. of examples of aortic disease, were the subjects of well-marked syphilis, the lesion being endarteritis, leading to dilatation of the vessel and to new growth in the walls of the aneurism. In round numbers, 66 per cent. of the cases of aneurism he places to the account of syphilis, the remainder he divides, chiefly, between rheumatism and embolism.

Mr. Welch's paper excited much discussion, and many will be disposed to think that he attaches too much importance to the syphilitic element in these cases. The editor of the *Lancet* accords to Mr. Welch high praise for having raised the question and for placing it in so striking a light, and quotes with approval the following from Dr. Parkes: "There is no reason to think that syphilis prevails more among soldiers than among the civil male population of the same class. It is therefore unlikely that an excess of syphilis, if it really occurs among soldiers, and if it actually predisposes to aneurism, as seems probable, could produce eleven times as many aneurisms as in civil persons."

**PROLAPSUS ANI OF LONG-STANDING—CURE.**—Dr. J. O. Coutu read a paper upon this subject before the Société Médicale de Montreal, at its meeting, Dec. 1, 1875. The case was that of a boy seven years of age, who had been affected with prolapsus ani since he was two years of age. He had been subjected to the usual treatment: cold applications, warm ones, injections of astringents, astringent ointments, T bandages, etc., without relief. Dr. Coutu ordered a close-stool made with a very narrow opening, and so high that the child could not support himself by touching the floor with his feet, nor by resting his weight upon his hands. This was to hinder the action of the ischio-rectal muscles by the use of the weight of the body. The mucous membrane of the prolapsed portion of the rectum was then touched, throughout its extent, with a crayon of nitrate of silver, as recommended by Dr. Lloyd, of London. The application was renewed on two subsequent occasions, at intervals of eight days each. A T bandage was worn to sustain a compress steeped in an astringent solution, and also to support the bowel when the patient walked. A prepara-

tion of iron was given by the mouth to correct an anæmic condition which was present. Three applications only were required, he used the chair, as described, for one month longer, when the cure was found to be complete.—*L'Union Med. du Canada*, Jan. '76.

**TREATMENT OF UNUNITED FRACTURES BY "PRESSURE AND MOTION."**—Prof. Henry H. Smith, of Philadelphia, (*American Journal of Medical Sciences*, Jan. '76), gives the particulars of five cases of this character, treated by his method of "Pressure and Motion." The treatment proved successful in every case, so far as the restoration of utility of the limb was concerned, and firm union of the osseous parts took place in three of the cases. The peculiarities of the apparatus devised by Prof. Smith are as follows: An "artificial limb" is made to fit the external surface of the injured member perfectly. That is to say, an apparatus is applied covering the limb, with firm points of support above the injured locality, which carries the weight of the body and enables the patient to walk and obtain the benefit of exercise in the open air, while at the same time such friction is made upon the periosteum of the adjacent fragments as leads to the formation of an ensheathing callus. It is safer, causes less pain, and enables the patient to go about sooner than by the aid of any other operation or appliance; while any cutler or instrument maker can manufacture the so-called artificial limb. It is equally applicable to ununited fractures of the upper extremity.

**NEW RHINOPLASTIC OPERATION.**—The *Gazette Médicale de Paris* contains the following, by M. Hardie, of Manchester: The case was that of a girl of sixteen years, who lost her nose in early infancy, following some disease not mentioned. The ala and a portion of the septum nasi remained. The skin of a finger was borrowed by the surgeon to furnish the soft parts for the new nose; and the bone of the phalanx was utilized to form the solid portion. The young girl had to have her arm maintained in the elevated position for three months in order to allow the tissues to contract adhesions. The new organ was slightly shrivelled, so it was necessary to complete it by strips of skin; the result is that the improvised nose makes a good feature.—*L'Union Med. du Canada*.

**POSTURAL TREATMENT OF PALPITATION.**—A writer in the *Union Médicale* says that palpitation of the heart, not dependent upon organic disease, may be almost immediately arrested by bending the head downward and allowing the arms to hang pendant. The effect is produced sooner if the breath is held for a few seconds while the body is bent.—*The Doctor*, Jan. '76.

# St. Louis Clinical Record.

W. A. HARDAWAY, M. D., Editor.

St. Louis, Mo., - - - March, 1876.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

A short-hand reporter is regularly engaged upon the RECORD.

We are not responsible for the views of correspondents.

## Editorial.

### CONCLUSION OF VOL. II.

With this number we conclude the second year's publication of the ST. LOUIS CLINICAL RECORD. Before entering upon the duties of another twelve months, we take the opportunity of expressing our obligations to our medical contemporaries for the courtesies at all times extended to us, and to our friends for their very substantial encouragement.

The early days of the RECORD were not exempt from the usual trials—rivalry, opposition and prejudice—common at that stage to all similar enterprises; but with a gratifying success now long since secured, we have no desire to bear these things in mind.

We were satisfied, in inaugurating this journal, that it would supply an actual want, and the result has justified the correctness of our surmise.

As stated on a former occasion, we have not thought it incompatible with the dignity of a medical journal, to give place to whatever might interest, directly or indirectly, the profession. In fact, we have made an effort to unite the *medical magazine* with the *medical newspaper*, and we believe that our popularity is due in a great measure to that fact.

The general and especial features distinguishing the RECORD, will continue to mark its progress. Independent of all influences except the welfare of the profession; prompt recognition of whatever seems good and true in our art; a steadfast opposition to abuses of all kinds and degrees, wherever found, which tend to bring discredit upon our science; and a progressive spirit, restrained by a healthful conservatism, will mark its course.

Accompanying this edition will be found a copious index and title page for binding.

### COMMENCEMENT DAY.

This month will witness many accessions, good, bad and indifferent, to the ranks of the profession. Learned valedictorians throughout the length and breadth of the land will offer words of warning, wisdom and encouragement, to those about to assume the onerous cares and grave responsibilities of practitioners of medicine. They will be told, and truthfully enough, that there is no royal road to success, and that they will be more frequently pricked by the thorns of adversity than soothed by the roses of prosperity; in short, the usual platitudes, occupying the usual time, will be said by the usual number of comfortable-looking gentlemen, on the various rostrums in our multitudinous medical schools.

Then the bands will play, enthusiastic hands will applaud, and finally beautiful white parchments, tied with fascinating blue ribbons, will fall as the rain, upon the deserving and the undeserving alike. A diploma resembles Portia's eulogy of mercy: "It is twice blessed; it blesseth him who gives, and him who receives." But, as a general thing, the pecuniary blessing, at least, rests with him who gives. Some of the more innocent recipients of these collegiate honors will, for a few months, look for the fulfillment of the promises couched in Ciceronian Latin upon their parchments, declaring them "doctors of medicine, with all the rights and privileges thereto belonging;" and then the dark suspicion will find a lurking place in their minds, that these same "rights and privileges" are to a degree mythical; that the principal privilege of the young physician is to attend the poor gratuitously; and his chief right to starve with dignity,

without let or hindrance from his preceptors, professors and successful seniors. *Experientia docet*

Valedictorians are, as a rule, not very honest. They intend to be so, no doubt, but it is hard to tell the exact truth sometimes, especially when the telling of it would only anticipate, by a short period, that which time will unfold soon enough. But, nevertheless, we think it would be far better, even at this day, if more candor and less florid rhetoric were indulged in on these occasions.

It would serve a much more useful purpose, however, if the partial truths that come out on commencement day were the prologue instead of the epilogue to the student-life. If college faculties looked more closely to a student's qualifications, educational and otherwise, to study medicine than to his ability to pay them for manufacturing him into a physician, it would prove of more direct benefit to that student and to the profession at large than to allow him afterwards to demonstrate his incapacity for himself. Dr. Gross says, few persons are aware that medicine is a great study, requiring a high order of intellect, vast research, and incessant training for its successful practice. Many persons, he says, look upon us as if we were so many mechanics, artisans or tradesmen, forgetting that it takes brains to make a physician. Essential conditions for the proper study of medicine are given by the same eminent teacher, as follows: "The prospective medical student must be—first, a gentleman; second, the possessor of a respectable amount of brains; third, the master of a good English education, and a fair knowledge of Latin and Greek."

The last clause of the third condition might safely be left off without detriment. It is an easy enough matter to secure all of these conditions if our medical schools were really earnest in their loud protestations.

There is but one way, however, to accomplish this result: Print Dr. Gross' "essentials" and hang them up in your faculty rooms; be guided by your applicant's general agreement with them as to his fitness to pursue the profession of medicine, and do not wait until commencement day to inform him of the difficulties in his path. Let every medical graduate keep in mind that medicine is the lowest of *trades*, but noblest of *professions*.

## POPULAR SCIENCE.

This century has been exceedingly prolific in the number and value of its additions to the general sum of scientific advancement; and the last quarter of it, at least, will be remembered as the era when earnest and persevering attempts were first made to popularize the knowledge thus acquired. Through the medium of books, magazines, and the lecture room, men standing high in the world of science have labored, and not unsuccessfully, to bring down to the popular apprehension, the more important elements of their respective branches. Darwin, Huxley, Balfour Stewart, Bain, Tyndall and Proctor, will live in the minds of posterity, as much for their laudable, although sometimes thankless, efforts in this direction, as for their more brilliant achievements. America has done much in furtherance of these objects, and we have to thank Appleton & Co., of New York, for the magnificent *International Scientific Series*, and the *Popular Science Monthly*. It is for our own best interests to encourage this work; for the moment that the people become scientifically educated, that moment will quackery release its grasp upon the minds of the masses. We have long been pursuing a wrong course in this country. Medicine and the collateral sciences have been too much divorced. In Germany, for instance, there is a community of interests between the scientist and the physician, because their studies and their aims are in common; indeed, one of the principal German scientific bodies, is known as the Association of German Naturalists and Physicians. In the educated world abroad quackery meets no recognition, while here, even among the classes who should know better, the most glaring charlatanism is encouraged. But we have wandered from the main object of our article, which was to suggest, that as scientific topics are nightly being discussed from our rostrums, why should not some man of equal eminence in our ranks to the Tyndalls and the Proctors, venture, for the good of the cause, to instruct the people in the general principles of *scientific medicine*. Have we not a Brown-Séquard, a Flint, a Carpenter and a Hammond among us. The first-mentioned distinguished physician gave some lectures, a few years ago, in Boston, upon the nervous system, that were listened to with in-

terest and applause by the laity. A series of lectures on the brain of man would be more profitable to the hearers than a dozen courses on astronomy, and our means of illustration are so superb in these days that they could be made quite as entertaining and attractive. The number and scope of subjects is immense, viz: Hygiene, General Physiology, Ophthalmology, etc., etc. Let men of authority and eminence in medicine take hold of this matter with interest and an earnest purpose, and the beneficial results will be incalculable.

---

### TO AUTHORS.

We have made arrangements to secure the help of some of our most prominent specialists, who will review works sent to us for notice. Every book will receive an honest, fair, and unprejudiced notice; the more important the work, the more extended will be the critique. Original research and conscientious labor in the field of medical progress will not be overlooked, while ignorance and charlatanism will receive their just dues; and the recompense shall be distributed without fear or favor.

Authors who do not observe early notices of their books in our columns, would do well to inform their publishers, and have their works sent to us at once.

---

**HYPODERMIC INJECTIONS OF PURE WATER.**—We notice in several of our exchanges the experiments of Dr. Lafitte, of Paris, upon the use of pure water subcutaneously. A glance at our file shows that we translated these same results of experiments, and gave them to our readers in October last, from *Le Progrès Médical*, of August, 1875. Our contemporaries cannot do better than watch our columns for *medical news*.

---

THE State Medical Association will hold its next annual session in St. Louis, April 18th. Due notice will be given in our next issue in regard to other details.

---

**DEATH OF ANDRAL.**—Dr. Gabriel Andral, the eminent French pathologist, died Nov. 6, 1875. His treatise on pathology will cause his name to be long remembered in the future.

**FRENCH JOURNALS.**—To those of our readers who would like to supplement their English reading with a good French journal, we would recommend *Le Progrès Médical*, of Paris, as a lively, energetic, weekly medical *newspaper*. It is conducted by Bourneville, the pupil of Charcot and author of some excellent original papers.

To those desiring a very useful, attractive, and entertaining French medical monthly, *L'Union Médical du Canada*, of Montreal, offers excellent advantages. We believe it is the only French medical journal published this side of the Atlantic.

---

### Book Notices and Reviews.

**THE MUCOUS MEMBRANE OF THE UTERUS WITH SPECIAL REFERENCE TO THE DEVELOPMENT AND STRUCTURE OF THE DECIDUÆ.** By Geo. J. Engelmann, A. M., M. D., Master in Obstetrics in the University of Vienna; Fellow of the London Obstetrical Society; Member of the London Pathological Society; Physician-in-Chief to the St. Louis Lying-in Charity; Director of the St. Louis School of Midwives, etc., with fourteen illustrations. From the *American Journal of Obstetrics*, May, 1875. New York: William Wood & Co., 27 Great Jones street, 1875; 65 pages. St. Louis: Gray, Baker & Co.; Book & News Co.

We are under many obligations to the author for a copy of this valuable monograph. In the short notice which our space allows we shall be unable to give more than a very meagre idea of the vast industry evidenced by every page, and the intrinsic value of the observations which are here recorded with every appearance of pains-taking fidelity. To every one who takes an interest in physiological problems and in histology, and more especially, every scientific obstetrician should provide himself with a copy and study it well. It will give him a clearer insight into the pathology of uterine affections, and more than one practical point in directing the hygiene of his female patients.

It is seldom that a young author, writing upon a subject supposed to be of interest to but few, and unheralded by his relations as teacher with some renowned school, and not having the fame of a Simpson, or a Cooper, or a Mott, to draw attention to a name already of

world-wide fame; we say it is unusual for a new work of unpretentious appearance to command the attention of high authorities upon either side of the Atlantic which has been accorded to Dr. Engelmann's excellent brochure. *The Doctor*, Jan. '76, speaks of it in high terms, and prefers the explanations here offered, to those of an English contemporary upon a disputed point. Parry, in his recent monograph upon Extra-Uterine Pregnancy, quotes our author with commendation as an authority.

We find Dr. Engelmann's views in relation to the duration of the pre- and post-menstrual congestion, differ materially with those of some other writers. We are disposed to adopt them, for his observations upon actual specimens are unprecedented in the number recorded by those of any other observer, so far as our observation of authorities has extended.

Prof. A. R. Simpson, in his inaugural address, as President of the Obstetrical Society of Edinburgh, states that, at the menstrual period, the capillaries of the mucosa "seem to sprout and multiply," (*Obstet. Jour. of Great Britain and Ireland*, Feb. '76). This is diametrically opposed to Dr. Engelmann's observations, which were minute, and repeated often enough to warrant our acceptance as fact.

Prof. Simpson also adopts Kundrat's theory with regard to the temporal relations between menstruation and ovulation, a theory which the monograph under consideration was written to correct and disprove, and we are of opinion that, in this direction, the work has proved successful.

Altogether, we have seen few works, none of the size of this, which bears in itself the proofs of more patient, pains-taking, conscientious research than the one before us.

As Americans, we may justly felicitate ourselves upon possessing an author of such promise, and may rest assured that he will be heard from again, and that we shall all profit by what he will have to communicate from the field of original observation and research.

W. B. H.

**THE BODY AND ITS AILMENTS; A Handbook of Familiar Directions for Care and Medical Aid in the More Usual Complaints and Injuries of Adults and Children.** To which is added a Family Health Record. Edited from the works of Drs. South, Turner, and others, with an introduction. By George

H. Napheys, M. D., etc., etc. Illustrated by over one hundred engravings and colored plates. Philadelphia: H. C. Watts & Co., 1875. N. D. Thompson & Co., 303 St. Charles street, St. Louis.

We are in no fear of the laity acquiring too large a share of medical knowledge; on the contrary, we believe it the duty of every medical man to diffuse information upon all subjects connected with the prevention of disease and such treatment of common affections as may be readily understood and practiced by the common people, who will thus be enabled to assist the physician in his efforts. If diseases were limited in their spread by all means known to science; if epidemics were banished from the earth, and mankind were to reach that happy condition that only those affections which no skill could prevent, should continue to afflict mankind, still there would be plenty for the real physician to do; and his pocket-book would attain a comfortable degree of plethora by reason of the greater ability of his patients to properly remunerate him for services which each would then see are above all monetary value.

But we must say that the proper degree of knowledge will never be imparted to the average man by a perusal of such pretentious works as that now before us. No epitome of all medical knowledge was ever so condensed as to be contained between the covers of a book of four hundred pages. When the science and art of surgery, the treatment of emergencies, anatomy, physiology, toxicology, pharmacy and a "family health record" are included, we must say that our credulity, however great it may be, is being unwarrantably magnified in somebody's estimation. It matters not that grave reviewers are able to conscientiously endorse this fresh imposition upon the "dear people;" we purpose to give our own impression of the book, and our readers are welcome to take it for what it is worth.

It is understood that the preceding books published by the compiler of this one have had an immense sale; it is supposed, of course, that this one will sell because of the popularity of the former volumes, this seems its *raison d'être*.

The elaborate pretense of "writing down" to the capacity of the ordinary reader is ostentatiously displayed on every page. "Ail-

ments" for diseases; "frame-work" for skeleton; "instruments of the body" for organs; "how treated" for treatment; "how brought on" for causes, etc., etc., *ad nauseum*, are almost too much for good-nature; they imply that the writer thinks he is addressing children or idiots.

The pictures, which are profusely scattered through the volume, are stolen, bodily, without a shadow of credit, from such works as Wilson's Anatomy, Hamilton's Fractures and Dislocations, and Dalton's Physiology.

The advice and directions for treating disease, are poor enough everywhere; but what shall we say of the following, *vide* pages 153 and 154: The subject treated of is "Falling Sickness. This is known as epilepsy." After half a page to "*How brought on*" and "*How distinguished*," he reaches the important subject, "*How treated*." Speaking of the convulsive form he gives a few directions, such as every child or old woman would naturally adopt, then he directs as follows: "If prolonged, ether, chloroform, or nitrite of amyl may be given, by inhalation, to arrest its continuance. The special effort will be to prevent a recurrence, and for this purpose, many and diverse remedies have been proposed. Perhaps the best results have been obtained from the valerianate of zinc, one grain, two or three times a day; the bromide of potassium, in full doses, and continued for a long time, say fifteen to thirty grains, three times a day, for months; digitalis, bromide of ammonium, conium, tincture of assafœtida, and chloral."

The advice to unprofessionals to use such pleasant and safe agents (*sic*) as chloroform by inhalation, digitalis and conium, in cases of epilepsy (of course, nothing is said about consulting a physician, else what is the use of the book?) is especially refreshing. Since the celebrated *conium* cases at our County Asylum, we suppose that the common people, herabouts at least, will think twice before they try the conium treatment, which this learned author so glibly recommends. As yet, there have been no such notorious cases reported, illustrating the pleasures (and profits to the tax-payers) of the careless use of chloroform and nitrite of amyl, to say nothing of digitalis, so we may expect something from the readers of this book in relation to the physiological effects of these agents.

But the most beautiful feature of "*The Body and its Ailments*" is the unctious, the Pecksniffian affectation, the cant and hypocrisy which mark it everywhere. He can scarcely go through with any one subject of the multitude touched upon, without a pious ejaculation, or a Chadband-like calling of the reader's attention to the marvels of the Creator's work! This is very well in religious works and quite proper in Sabbath-school literature, but hardly in place in a work of "*science*" like the present. He alludes to his previous happy efforts on "*private diseases*," etc., sufficiently often to advertise them well, which will, no doubt, redound to his profit, for there is nothing like a supposed mystery to interest the ignorant and draw upon their reserves in bank. We think our readers have now a pretty clear idea of the latest work (?) of George Napheys, A. M., M. D.; etc. A large sale will undoubtedly enrich the sexton and undertaker.

W. B. H.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M. D., Physician to the New York Infants' Hospital; Physician to the Catholic Foundling Asylum; Physician to the Protestant Infant Asylum; Consulting Physician to the Class of Children's Diseases, Out-door Department of Bellevue Hospital Medical College. Third edition, enlarged and thoroughly revised, with illustrations. Philadelphia: Henry C. Lea, 1876.

The third, enlarged and thoroughly revised, edition of this now standard authority on children's diseases, has reached us. When the rapid sale of the first edition necessitated the issuance of a second, the revision then given the work was so thorough as to leave little to be desired. However, in the last issue the author has added two entirely new chapters, and has rewritten and brought up to the present state of science, many of the others. Among the diseases now considered for the first time, are cerebro-spinal fever and röteln. Nearly the entire chapter relating to diphtheria has been remodeled. Our readers will find themselves familiar with Dr. Smith's views on the two last-mentioned maladies, röteln and diphtheria, as we published in the RECORD, of last year, the whole of the articles as now found in the present work.

The subject of infantile syphilis is more thoroughly treated than in any other general



work in the language. Advantage has been taken of the brilliant researches of R. W. Taylor, and the osseous lesions in children are very fully discussed.

Our author dismisses, very summarily, the treatment of scarlatina by cold affusions, now in such general use upon the continent. He quotes Trousseau as an advocate of the method, and seems but little acquainted with the favorable German experience of this treatment. We presume that, hereafter, salicylic acid will be extensively employed in this disease, especially if it still continues to hold its reputation as an antipyretic.

We are presented with a long and well-considered chapter on tetanus infantum, which is especially rich in the literature of the subject. Hydrate of chloral is strongly advised in the treatment as affording the best hopes of success.

Dr. Wiedhofer, of Vienna, states that he has saved six out of ten or twelve cases of tetanus in infants by the administration of chloral. We are in hopes that the nitrite of amyl will prove an effectual agent in the malady. Attention is directed to retro-pharyngeal abscess, which Niemeyer has so graphically described. We do not doubt but that many children die of abscess situated in that locality, which, if properly diagnosed, could have been readily relieved.

One special merit of this book is its conservatism; for while containing everything new, nothing is recommended that has not been found practically useful and safe at the bedside. The anti-phlogistic treatment of children's diseases is emphatically condemned.

It is safe to say that Smith on Children, taken all in all, is the very best work on the subject in the English language. Mr. Lea, the publisher, has done his part of the work in an exceedingly elegant manner.

## Pharmaceutical Department.

Various preparations have been lauded as effectually disguising the bitter taste of quinine. Their name is legion, but the best among them are elix. teraxacum, syrup of coffee and tannin. There is nothing, however, that is thoroughly effectual, and the effort to conceal the bitterness of this valuable drug

still continues to defy the ingenuity of the pharmacist. The following formulæ are offered for what they are worth:

R Quiniae sulphatis,	℥i;
Sodii bicarbonatis,	℥i;
Ext. glycerrhizæ fld.	℥iii;
Aq. menth. pip. ad.	℥ii.

M.

Formula of Dr. J. Lewis Smith:

R Quiniae sulphatis,	gr. xii;
Acid. sulphur. dilut.,	gtt. xviii;
Syr. rubi. idæi.,	℥iiss.

M.

S.—One teaspoonful as directed.

RELATIVE TEST FOR ERGOT.—Take of fluid extract ergot and sulphuric ether, each f 3ss., mix thoroughly by agitation and add from five to ten drops of tr. ferri. mur. The amount of precipitate (secalia) as indicated by the graduated measure will give the relative strength of one preparation as compared with another; or the product may be filtered through paper, dried and weighed. The powder resulting, when agitated with a small quantity of alcohol and subjected to a rod moistened with muriatic acid evolves the characteristic vapors of muriate of secalia.

That the virtues of ergot are largely dependent upon secalia there is but little doubt; and thus readily obtained it would be easy to fix a standard for efficient preparations. From one ounce of Squibb's fluid extract of ergot I obtained, by a rather rough process thirty grains.

JOHN J. MILLER, M. D.

St. Louis County.

We publish the above because we solicit and wish to encourage original communications, at the same time the author must not complain if we agree with him and acknowledge it "a rather rough process." If the test is worth anything at all it is worth pursuing farther, and we hope the gentleman will so regard it, and in a future number of the RECORD give us the result of his investigations. What we would call his attention to is a qualitative and quantitative analysis of the precipitate formed, if he has at hand the means of performing these.

CHLORIDE OF LEAD AS A DEODORIZER.—Dr. Gooden calls attention in the *Lancet* to the great value of chloride of lead as a deodorizer. He prepares it by dissolving half a drachm of nitrate of lead in a pint or more of boiling water, and pouring the solution into a bucket of water in which two drachms of chloride of

sodium have been dissolved. When the sediment has subsided, the clear supernatant fluid is a saturated solution of chloride of lead. Dr. Goolden says that a cloth dipped in this solution, and hung up in a room, will instantaneously sweeten a foetid atmosphere, or if the solution be thrown down a sink, water-closet, or drain, or over a heap of dung or refuse, a like result will ensue. In this way he disinfected a house into which a drain had burst, some stables, and also a large ship. In the last case the bilge water was exceedingly offensive. He merely dissolved half an ounce of nitrate of lead in a bucket of boiling fresh water and had it thrown down the bilge when the ship was rolling slightly. The effect was the instant disappearance of all smell, a large white precipitate which immediately afterwards became black, subsiding to the bottom, and the bilge water (which of course contained chloride of sodium) became perfectly clear. The great cheapness of this method will recommend it to many of our readers.—*The Doctor*, Jan. '76.

#### WALL'S METHOD OF GIVING COD-LIVER OIL.

—Prof. O. A. Wall, in a communication to us for April, 1874, suggested the following new and valuable method of administering cod-liver oil, which, in consideration of its importance, we take the liberty of republishing:

"I lately had occasion to prescribe cod-liver oil for a lady patient, but after having unsuccessfully tried the various plans usually recommended to render this oil less obnoxious to the taste, the patient refused to continue the use of the medicine. I then tried the following plan which answered the purpose admirably and is an excellent method of giving the oil: Cut a wafer (such as is sold in drug stores for the administration of nauseous powders, pills, &c) into pieces about three inches square, moisten one of these pieces and place it into a deep tablespoon, then pour a dessertspoonful of oil upon the wafer and fold the edges carefully over the oil, fill the spoon with lemon syrup, or if preferred, with syrup of lactophosphate of lime, with which all sides of the wafer must be moistened. Then let the patient swallow it at one gulp and it will pass down without other taste than that of the syrup. If taken soon after a meal, the oil becomes mixed and is digested with the food, and the disagreeable regurgitation of the oil is completely avoided. I think this method will be found useful when the patient cannot otherwise take the oil."

**QUINETUM.**—A preparation of the whole alkaloids separated from East India red bark has been used for some time in the Indian hospitals, as well as in private practice, with

great success. The concurrent testimony of medical men in our Indian possessions is to the effect that quinine is not so greatly superior to the whole alkaloids as to make it worth while to separate the sulphate in its pure state. Mr. Thomas Whiffen, of the quinine works, Battersea, now offers to the profession a similar preparation, which he calls quinetum. It is in the form of a fine, granular, non-adherent powder of a pale buff color. The proportions of the various alkaloids present will, of necessity, vary with the sample of bark used; but, we think, not so much as to be of moment therapeutically. Sulphate of quinetum is a white crystalline body with a faint pink tinge, greatly resembling sulphate of quinine; and we are informed that the preparation can be supplied to the profession at about one-half the cost of quinine.—*British Med. Jour.*, Nov. 27, '75.—*Med. News and Library*, Jan. '76.

**FAILURE OF CARBOLIC ACID AS A GENERAL DISINFECTANT.**—At a recent meeting of physicians held in New Orleans, (*N. O. Med. and Surg. Jour.*, Nov. 1875), resolutions were adopted to the following effect:

1st. Carbolic acid, as used for purposes of "disinfection," by the board of health in New Orleans during the years 1867, '70, '71, '72, '73, '74 and '75, has failed to arrest small-pox, scarlet fever and yellow fever.


2d. Thus used by the board of health, it has proved injurious to the inhabitants of the "disinfected" districts in several instances.

3d. The facts observed in New Orleans sustain the views of high authorities, that it is impossible to disinfect the atmosphere of an entire city, or even of a circumscribed area, of two or more squares.

4th. Yellow fever followed its usual course; no connection being observed between its decline and cessation, and the amount of carbolic acid used for purposes of "disinfection."—*Med. News and Library*, Jan. '76.

**A NEW PREPARATION OF SANTONINE.**—Albuminated sodium santonate has recently been much recommended as an anthelmintic. It is prepared by gentle heating in a porcelain dish a mixture of four parts of sodium bicarbonate, one part of santonine, and two parts of dried, soluble egg or blood albumen, with a small quantity of water, until a solution is effected; this is evaporated to dryness, and subsequently redissolved in a sufficient quantity of warm water; the filtered solution is evaporated at a gentle heat to dryness. The remaining albuminated sodium santonate forms colorless, shining scales, readily soluble in water, rendering an alkaline solution, which, upon addition of acids, separates santonine with the evolution of carbonic acid from an excess of sodium carbonate.—*Medical and Surgical Reporter*, Feb. 19th.

## Miscellaneous Notes.

 **SUBSCRIBE** for the **ST. LOUIS CLINICAL RECORD**. Subscription terms \$2 00 a year in advance. Postage prepaid by the publisher.

**BILLROTH's** clinical assistant, Dr. Gussenbauer, has been elected Professor of Clinical Surgery in the University of Liege, Belgium. This action of the authorities has called forth expressions of the most intense opposition from the Belgian press.—*Le Progrès Médical*.

**HORRIBLE CHINESE CUSTOM AT HONG KONG.**—A native died, and his physician, also a native, was bound to the corpse until it was placed in the coffin. He was released, after enduring this punishment, for his lack of skill, for some time, upon the payment of a considerable sum to defray all the funeral expenses.—*The Doctor*, Jan. '76.

**PROLONGED GESTATION.**—Dr. Frank Wells (*Boston Med. and Surg. Jour.*, Dec. 2, '75) records a case in which delivery took place three hundred and four days from the date of sexual congress. The birth was tedious, forceps necessary; almost entire absence of liquor amnii. Child weighed eight and one-half pounds, vigorous and healthy.—*Med. News and Library*, Jan. '76.

**HONOR TO WHOM HONOR IS DUE.**—Too much credit cannot be given to the very able and competent Dispensary physicians, Drs. I. N. Love and A. C. Robinson, for their efforts toward lessening the manifold evils of the abuse of free dispensary prescribing and dispensing of drugs. The good work inaugurated by Dr. Tuholske, while he was in charge of that institution, has been steadily carried out by his successors in office.

**ANTROPOPHAGY.**—Cannibalism often has its gastronomic refinements. The savages of the Fiji islands prefer the flesh of natives to that of Europeans. They give preference to that of women and children. The choicest morsels are the shoulder, the thigh, etc. Sometimes they let the cadaver arrive at a certain degree of putrefaction, like the *gourmets* of Europe. They often fatten their slaves and prisoners before eating them.—*Clinic*, from the *Lyon Médical*.

**SWALLOWING A SCREW.**—Dr. W. F. Hilsabeck, of Windsor, Ill., reports (*Med. and Surg. Reporter*, Jan. 1st) a remarkable case, as follows:

A boy two years old swallowed a common wood screw one inch in length; the head of the screw was one-fourth of an inch in width. It was forty-four hours in passing through the alimentary canal. The child seems to suffer

no inconvenience from its dose of hardware. It is enjoying as good health now as before it swallowed the screw.

**OLD BUT TRUE.**—The following sketch of a medical quack, by "Hippocrates Ridens," is as true now as it was in 1686, when it was written: "His sagacity is remarkable, for he hath found out an art both to conceal his own ignorance and impose on that of other folks to his own advantage. His prime care is to get the names of diseases without book, and a bead-roll of rattling terms of art, which he uses to beguile the mobile, first of their senses, and next of their pence. He has an excellent talent in persuading well people they are sick, and, by giving them his trash, verifies the prediction, and is sure to make them so."—*The Doctor*, Jan. '76.

**DOG'S MILK FOR CHILDREN.**—Dr. P. Luzun (*Bordeaux Médical*, No. 43, and *Gaz. Hebdom.* Nov. 5, 1875) relates the particulars of three cases in which he employed dog's milk. In the first, a girl between six and seven years old, affected with rickets, who was unable to walk. Within twenty-five days she became vigorous and able to walk. He states that dog's milk contains as much again of butter as human milk or that of the cow, and seven or eight times more than that of the donkey. It is also, of all the milks which are employed by man, save that of the sow, the richest in casein.—*Obstet. Jour. of Great Britain and Ireland*, Feb. 1876.

**WHAT REMEDIES HAVE THE FOLLOWING CHARACTERISTICS?**—These are some of the questions on materia medica asked at the graduating exercises of a homœopathic medical college:

- "Desires death rather than fears it."
- "Profuse, transparent, acrid leucorrhœa, running down to the heels."
- "Cannot talk on account of a pain in the larynx."
- "Sensation as of a splinter in the throat."
- "Trembling carotids."
- "Pointed objects seem to have a double point."
- "Chronic sensation as of a hair on the tongue."
- "Sour sweat on the neck."

**THE TEMPERATURE OF DRUNKARDS.**—The *Deutsche Arch. of Klin. Med.*, Vol. IX, page 12, contains a very important paper by Reinecke, of Hamburg, on this subject. In his recent Cantor lectures on alcohol, Dr. B. W. Richardson referred to the power of diagnosing dead-drunkenness from other causes of coma by the fact that the temperature of drunkards is diminished. Reincke has found that the internal temperature of drunkards exposed to

cold may fall to an extent hardly conceivable. The rectal temperature will commonly fall to 95° F., or 93° F.; it may descend to 82° F., or even as low as 75.2° F. The subject on whom the last was observed recovered and regained his normal temperature after twenty-three hours.—*The Doctor*.—*Canada Med. and Surg. Jour.*, Feb. 1876.

**PROSTITUTION IN VIENNA.**—Krauss (*Allg. Wiener Med. Zeitung*, Dec. 21st, '75) writes as follows: "Although about fourteen hundred women in Vienna are registered as prostitutes and supplied with certificates, it is a notorious fact that over twenty thousand (!!!) females in the city ply their avocations as courtesans.—*Clinic*, Jan. 22d.

This bears upon the same subject as our translation, "De Moribus Germanorum." We shall be glad to publish evidence in rebuttal, if our friends, having knowledge of the social condition of continental Europe, will be kind enough to furnish trustworthy statistics upon the subject.—**ED. RECORD.**

**CHLORAL IN HYDROPHOBIA.**—M. Constantin Paul gives the particulars of a case of hydrophobia treated with chloral: A policeman was bitten by a rabid dog, and thirty-five days afterward had the first symptoms of rabies. M. Paul gave him, by rectal injection, 25 grammes (385 grains) of chloral during the first day, and 18 grammes (277.2 grains) during the second day. Thanks to this treatment, the patient was able to rest, eat and drink. During two days he had no convulsive seizures, but they reappeared, and the patient died six days after the onset of the disease, by syncope during a convulsion. M. Paul highly commends the employment of chloral, by which he was enabled to limit the paroxysms to two or three, and which, more than all, produced a calmness and state of repose which were indeed surprising. In such an affection, it is a great desideratum to have at hand a remedy which will relieve the patient of the acute pains and convulsive attacks of hydrophobia.—*L'Union Med. du Canada*.

**TREATMENT OF VARIOLA.**—*L'Union Medicale du Canada*, Jan. 1876, has the following extract from the *Lyon Medical*: M. Dujardin-Beaumetz, at the temporary hospital in charge of the female cases of small-pox, calls attention to the good results he has obtained from large baths of chloral, in confluent variola, at the time that the epidermis is detached *en masse* leaving the derma exposed. He has not used more than 20 grains (308 grains) per bath. Not only are the patients disinfected, but the skin promptly cicatrizes also.

He has also generalized the use of *sublimated collodion*, and has derived good results

therefrom, provided the collodion be very elastic and does not contain too much of the sublimate, for, in the former case it becomes very painful by its pressure, while in the latter, a very well-marked caustic action is produced. The formula adopted by M. Dujardin-Beaumetz is as follows:

**R** Hydrarg. chlorid. Carrosiv. ʒiēt ʒi;  
Collodion, f. ʒi;  
Olei Ricini, f. ʒiiss.  
**M.**

**THE EMPEROR OF BRAZIL'S GRANDCHILD.**—Some time ago we mentioned that Professor Depaul, of Paris, has been called to Rio Janeiro to attend the Imperial Princess, the Countess d'Eu, in her confinement. After nine years of sterile married life, the Countess, the daughter of the Emperor of Brazil, became pregnant after consulting Dr. Depaul in Paris, and following the treatment he recommended; but the child which was born was born dead. She became again pregnant, and this time the Emperor solicited Depaul to come out himself, and conduct the delivery. On his arrival at Rio Janeiro he met with a most frigid reception from almost every one except the immediate attendants of the Princess. The newspapers were against him, and the native physicians gave him the cold shoulder. On the day of the accouchment he found himself at the bedside of the Princess alone and without assistance. After a thirteen hours' labor, which had to be ended with the forceps, a baby weighing twelve pounds was at last brought into the world; but for an hour it was doubted whether it would survive, and it was only after artificial respiration and other measures had been vigorously tried that it gave signs of life. However, it is now a healthy child. The most curious and amusing feature about Dr. Depaul's visit was the revulsion of public opinion in his favor when the successful result of his visit became known. The papers praised him, his *confreres* congratulated him, and the academies and scientific bodies sent him crowns and addresses; he was invited to banquets, and was *feted* in a wonderful way. "After the event," says Depaul, "my room was never empty from morning till night, and I was obliged, in spite of a determination to the contrary, to give consultations. In less than eight days, 15,000 francs' worth of piastres were laid on my table as fees." Professor Depaul has certainly good reason to be satisfied with his trip across the ocean.—*Medical and Surgical Reporter*.

**ARSENIC EATERS.**—At a scientific meeting recently held at Gratz, in Styria, Dr. Knapp exhibited two arsenic eaters and gave some curious particulars upon the subject. He said it was difficult to ascertain the number of arsenic eaters, but he was convinced that there ex-

ist great numbers of them in Styria. They are mostly stable-boys, wood-cutters, foresters, and even some women. Most of these persons began to eat arsenic at seventeen or eighteen years and continued it to advanced age. The greatest part of them keep the habit a secret, which prevents the formation of exact statistics. In order to explain the singular taste which they have formed, they give the pretext that arsenic prevents disease, and gives them every appearance of good health; that it is a remedy for respiratory difficulties, and that it aids digestion. A poacher, who ate arsenic in Dr. Knapp's presence, said that it gave him courage to renew his depredations. In fact, the arsenic eaters appear to enjoy good health, and to be robust. Dr. K. thinks that it is only those who are very strong who are able to habituate themselves to the practice. Some of them attain a great age; thus he saw at Zeirung a charcoal-burner more than seventy years of age, who was still very vigorous and active, who had taken arsenic for more than forty years. Dr. K. was told of a chamois hunter, eighty-one years old, who had used it a very long time. Dr. K. never saw any appearance of arsenical cachexia in those who were given to the practice. One of these arsenic-eaters, a currier's apprentice, of Ligist, in 1865, being drunk, took too large a dose, which produced violent symptoms of poisoning. According to his own story, he had taken a piece the size of a bean; nevertheless he recovered and continued to eat arsenic, but with more moderation. According to Dr. K.'s observations, white arsenic (arsenious acid), which is also called flour of arsenic, and yellow arsenic (orpiment) are taken in the dry state. The dose is, of course, very small at first, and gradually increased. The largest dose Dr. K. saw taken was 14 grams (214½ grains). He saw Mathieu Schober, at Ligist, take 7½ grams (115½ grains). April 17th, 1865. The intervals between doses varies: every fifteen days, every week, or even two or three times a week. After these facts being proven, no one can doubt the existence of arsenic-eaters.—*Le Progrès Médical*.

**CHLOROFORM UNDER THE GALLOWS.**—In modern times, when the idea of torturing malefactors is obsolete, humanity seeks to avoid unnecessary pain in the infliction of the death penalty. Of all the methods in use, it is probable that the least painful is sudden decapitation. It was with this view that the guillotine was invented, as a substitute for the axe. When hanging is properly done, it involves but little suffering. Even if the neck should not be broken or disjoined, the sudden shock of the fall may put an instant period to sensation. But in a large proportion of executions by hanging, the process is so managed that public sympathy for the victim absorbs all

other considerations. Either the rope is not properly adjusted, or is too long, or it breaks; and the offender is caused to suffer more than one death. Some recent occurrences of this kind have started the inquiry whether provision should not be made to render executions more certainly sudden and painless; for, say what you will of the deserts of a condemned murderer, the man who can contemplate with indifference his prolonged and needless agony when he stands powerless in the hands of the executioner, be he even the vilest wretch that ever drew breath, must have a heart essentially brutal. A writer in the *Boston Medical Journal* proposes to chloroformize the prisoner, who is to be seated in a chair under the gallows, with the rope about his neck. "After the reading of the sentence," etc., he writes, "a physician should step up behind him and put a sponge with chloroform over his face. Let the clergyman's voice praying for mercy for his soul be the last human sound he hears as he goes off in his last sleep. In a few seconds the physician gives the sign, the weight falls, the unconscious sinner hangs with a few reflex quiverings, and the sentence of the law has been executed, literally and fully." This reads well, and we dare say would give general satisfaction after the wearing off of the novelty. We presume that a large majority of executed criminals already die under the influence of alcohol or opium. It would be a hard-hearted sheriff who should deny to a doomed wretch a glass of whiskey on leaving his cell. Among the ancient Hebrews, we are told it was the practice to fortify with strong drink the offender about to be stoned to death. To this custom allusion is supposed to have been made in the expression, "Give strong drink to him that is ready to perish."

Another writer proposes to kill by electricity. This would, without doubt, be the most sudden conceivable method, provided a sufficient charge of the fluid were brought to bear. Besides, it has a scientific flavor—not to speak jestingly on so solemn a theme. Seriously, however, there is nothing out of character in either of the two methods but their novelty. If either should ever come into general use, a return to the present, or to any other former practice, would most probably be regarded as a return to barbarism.—*Pacific Journal*.

**A SINGLE HAIR.**—At Boston, Mass., recently, during the first trial of Piper, for the murder of Miss Young, Dr. Joshua B. Treadwell, who took part in the autopsy, described the injuries of the child, and said that death was caused by wounds on the head; these must have been produced by a swift, hard blow of a rapidly moving object. The witness then described minutely the examination he had made of Piper's clothing; he found a spot on the left sleeve of the coat that looked like

blood, on the left lapel, and two others close by, and there were indications that other spots had been washed or rubbed; on opening the coat he found a hair adhering to the breast inside; it was a scalp hair; the bulb was on it and appeared fresh; afterward, in a fortnight, it was shrunken, showing that when he first saw it it had recently been pulled from a head. There is a difference, he continued, in certain heads, between the hair of a child and an adult. [A question of identity of the hair was raised by the defense, but the court ruled that testimony could be taken. The defense took exception.] The hair was in the neighborhood of seven and a half inches in length; at autopsy found the hair was longer on the back; the hair at the autopsy was cut close to the scalp; had examined hair several times [witness here defined the characteristics of hair by which hair from different heads can be classified]; he used a power of 500 diameters in his microscopic examination; the hair he took from the coat was a remarkably smooth hair; the transverse lines were not far apart, did not run across the hair, were regular distances apart, the pith extended nearly the whole length, broken at intervals; it was a remarkably large hair; the color was quite light; measured at first 160th of an inch in diameter, it shrank to 240th of an inch; the hair had not been cut for some time, and so tapered at the ends; on the hair was some excretion; on the bunch of hairs, said to be Miss Young's, found nineteen with a bulb; on three of them found an excretion the same as on the single hair taken from the coat; they corresponded in lines, in smoothness, in size; sixteen showed the pith of the character of the single one; the color under the microscope was the same; the average diameter of these hairs was 1-264th of an inch; the smallest was 1-333d of an inch, the largest 1-241st part of an inch; had examined hair found in a good many heads, but this hair was so peculiar he could identify it as belonging to the hairs taken from Mabel's head; taking five hundred of the hairs cut, about three hundred had pith well marked; in other words, in this hair was an unusual number that had pith; the hair had the same general, the same special characteristics as that taken from Mr. Hobbs; hairs that fall usually fall with a shrunken bulb, caused by disease; could tell whether a hair was pulled out or had fallen from a head. The cross-examination in regard to this matter was very searching, and at its close the witness said he would not say the hair could not have come from any other head.

Professors Babcock, Fitz and Wood were called by the defense to testify regarding the same matter. Professor Fitz said that he had found hairs among those which came from the head of the child varying in size from 1-650th of an inch to 1-280th of an inch—these figures

being the extremes. It is thus seen that he found none so large as the one taken from Piper's coat, nor so large as the average of those examined by Dr. Treadwell (1-264th of an inch). He also testified that in most particulars hairs taken from the head of a Miss Gibson, a young lady in whose company Piper is said to have spent the evening previous to May 23d, could not be distinguished from those from the child's head. Professor Babcock testified similarly on this latter point. He measured many hairs from both heads, and although there were larger hairs, on the average, among those of Miss Gibson than those of Mabel Young, yet there were very many as small as any taken from the head of the latter. The largest hair he found among those from the head of the murdered child, given him for examination, was 1-306th of an inch, and the smallest was 1-766th of an inch in diameter. Professor Wood corroborated both these witnesses.—*Scientific American*.

**CANINE "COD-LIVER" OIL.**—There is a firm in San Francisco which purchases the thousands of dogs slaughtered by the pound master of that city, or that may be otherwise killed, for which they pay 40 cents each. The carcasses are conveyed to their manufactory at South San Francisco, where the skins are removed and sold to the tanneries, the hair taken off and resold to plasterers, the hide tanned, made into gloves, and sold in the market. The denuded carcass is then thrown into a huge cauldron and boiled until the bones are easily separated from the flesh, when they are removed and sold to the sugar refineries, where they are ground to a fine powder and used to clarify sugar. The oil that rises to the surface of the boiling mass is skimmed off and made into cod-liver oil, and the remainder is used for fattening hogs.—*Oakland (Cal.) News.—The Clinic*.

**AGE OF ENGLISH PHYSICIANS.**—James Dawson, 96 years; Peter Labtram, physician to the Queen, 86 years; Stanley Ireland, dean of the College of Surgeons, 96 years; Arthur Helsham, 90 years; Sir Charles Locock, accoucheur to the Queen, 77 years; William Beathe, 82 years; George Webster, 89 years; William Macdonald, 84 years; Henry Franklin, inspector general of hospitals, 89 years; James Snow, 96 years.—*France Medical*, Feb. 9, '76.—*The Clinic*.

**NEW JOURNAL.**—We have received the prospectus of the *Ohio Medical and Surgical Journal*, to be edited by J. W. Hamilton, M. D., and J. F. Baldwin, M. D.

**THE next meeting of the American Medical Association will convene in Philadelphia, June 6th, 1876, at 11 a. m.**

**INTERNATIONAL MEDICAL CONGRESS.**—The Congress will be formally opened at noon, on Monday, Sept. 3, 1876, in the University of Pennsylvania.

Addresses will be delivered before the Congress in general meeting by the following named gentlemen: On Medicine, by Austin Flint, M. D.; on Obstetrics, by Theoph. Parvin, M. D.; on Medical Chemistry and Toxicology, by Theo. G. Warmley, M. D.; on Medical Education and Medical Institutions, by N. S. Davis, M. D.; on Medical Literature, by L. P. Yandell, M. D.; on Mental Hygiene, by J. P. Gray, M. D.; on Medical Jurisprudence, by S. E. Chailli, M. D.

Further particulars in our next issue.

Mrs. Gross, wife of Prof. S. D. Gross, recently died in Philadelphia.

## Home News.

THE summer sessions have been fairly inaugurated in both of our medical schools.

SEVERAL interesting papers and book reviews have been crowded out of this issue.

THE new order of things will doubtless bring many changes in the administration of medical matters in this city. Drs. Pim and Bond, the two medical members of the Board of Health, have sent in their resignations, but their successors have not yet been appointed.

NINE out of twenty-three applicant for graduation in the St. Louis College of Pharmacy were rejected, their examinations not coming up to the standard of excellence required by the faculty. This example is to be commended and should be followed.

**SAFES.**—Macneale & Urban's safes are steadily gaining ground, and we have no hesitation in saying that they always give perfect satisfaction, Messrs. G. V. Halliday & Co. are too well known in this community as honest and honorable dealers to require any endorsement from us regarding the reliability of their representations in business as well as in social relations.

**BINDING THE RECORD.**—We would advise all our subscribers to preserve their copies and have them bound. In this way a valuable library is rapidly accumulated, and the expense is scarcely felt. Files of the RECORD sent to this office will receive prompt attention and be bound in the best style at the following very reasonable rates: In half-morocco, library style, \$1 10; in full sheep, law style, \$1 25. If to be returned by mail, 30 cents additional,

for postage, should be sent. Books and journals of all sorts, bound at equally advantageous rates.

THE tenth annual meeting of the alumni of the St. Louis Medical College was held on the 10th of March, at the College building. The annual address was delivered by Dr. H. H. Mudd, president of the association. The following officers were elected for the ensuing year: President, Dr. H. H. Mudd; Vice-President, Dr. C. V. L. Ludwig; Corresponding Secretary, Dr. Ed. Evers; Treasurer, Dr. W. Wyman; Recording Secretary, Dr. T. B. Taylor; Librarian, Dr. J. F. Lutz.

**AN ARRANT IMPOSTER.**—A very plausible rascal is going the rounds of the profession, representing himself as the agent and secretary of a mutual aid political club, appointed to inform the person upon whom he has called, of his election as physician to the aforesaid association. He generally selects some physician residing at a distance from the supposititious club, for very apparent reasons. He makes no direct demand for money, but incidentally remarks, calculating upon his victim's first flush of gratitude, that no initiation fee is demanded from the medical attendant, who is an honorary member *ex officio*, but it is customary for him to give something towards defraying the expenses of the occasional social reunions held by the club. Let our readers keep a sharp eye on the fellow, as the whole business is a shameless swindle.

**"THE BLACK LIST."**—There are a number of people in every community who are always ready to call in the physician upon the slightest excuse, but who make a practice of never paying bills for services rendered. We do not refer to the poverty-stricken—the poor, who are always with us, and who are legitimate objects of charity—but we intend our remarks to apply to those who are well able to remunerate the medical man, but who refuse to do so that they may be able to gratify a desire to "keep up appearances," or for luxurious living.

It is the custom in certain of our large cities for physicians to combine and publish a list of these disreputable parties for the information of each other, and the general prevention of this class of swindling. It would be no more than just to keep a list of the parties referred to standing in the columns of the daily journals, or, if that were impracticable, in a respectable medical journal. "A Black List," thus formed, would be of incalculable service to the profession in saving many thousands of dollars to them annually.

This species of "confidence game" costs the medical profession, every year, in this city alone, more than enough to maintain all our medical charities.

A few years ago, an attempt was made to make such a list as we have indicated, but we have heard nothing more about it, and suppose the project fell through by reason of lack of encouragement.

The profession itself is responsible for the abuse, and only an earnest effort will avail to put a stop to the evil. Charity practice by the more affluent members of our profession, the recipients being able to pay for treatment, is at the bottom of some of the evil; while too great anxiety to make practice on the part of the younger, or commencing practitioners of our art, is responsible for much of the remainder.

There are also too many practitioners who reduce their charges below the standard of the Fee-Bill, for the purpose of increasing their practice and advertising themselves. This is an enormous evil which cannot be too strongly condemned. This practice has much to do with the growth of this necessity for a "Black List." More may be said upon this subject on some future occasion.

**COMMENCEMENT EXERCISES.**—The thirty-fifth annual graduation exercises of the Missouri Medical College were held at the Temple, on the 3d of March. The hall was crowded with an unusually appreciative audience, and the programme was full of interest. The Dean of the Faculty conferred diplomas upon the following named gentlemen;

F. W. Abbekam, T. M. Allen, S. M. Bailey, E. A. Ball, N. M. Baskett, J. T. Beal, Vict. Biart, L. Bosse, P. Brossard, T. Brown, R. A. Brown, W. B. Brooks, J. T. Briggs, W. H. Burgess, T. P. Gillis, A. G. Henderson, L. A. E. Hodge, S. D. Howard, J. Hutchinson, J. H. James, L. J. Jones, J. J. Jones, Jr., H. F. W. Kruse, Th. J. Lee, Th. F. Kerr, W. K. Larish, J. W. Lightner, A. C. Lyngar, G. T. Mason, E. R. Meng, Lewis J. Meyers, J. H. Moseley, F. W. Bush, W. C. Carr, W. P. Camp, T. W. Conyers, G. B. Copp, G. O. Cromwell, M. D. Duff, F. R. Eversole, C. E. Dunseth, L. Foyles, D. W. Gardner, John Gardner, D. C. Gore, J. S. Groves, C. R. Harris, H. S. Garesche, W. W. Murphy, W. H. Pennington, K. P. Perkins, J. T. Periman, W. Schulze, L. A. Shafer, W. W. Shafer, J. M. Smith, J. E. Thomas, Ferd. C. Valentine, W. B. Warren, A. S. Walsh, W. F. Watts, J. S. Williams, O. R. Winton, W. C. White, O. O. Wozencraft, M. J. Young, J. Young.

The degree *ad eundem* was received by M. S. Baker, J. W. Brent, M. C. Stafford, W. F. Hilsabek, Robert L. Wood.

The honorary degree of Doctor of Medicine was bestowed upon Joseph M. Wood, of Kansas City.

Not the least agreeable feature of the evening was the award of prizes. Victor Biart and D. C. Gore received the first prizes in surgery.

The first named gentleman also received a prize for the best report of surgical clinics. The thesis of Dr. F. C. V. B. Valentine was designated as being worthy of honorable mention.

The three prizes for best knowledge of chemistry were awarded to E. A. Chandler, of Vermont; A. G. Henderson, of Arkansas, and G. O. Cromwell, of Missouri.

Victor Biart received Professor Bauduy's prize in Psychological Medicine and Nervous Diseases.

To Victor Biart was awarded an elegantly engraved gold medal for superior excellence in *all departments*, as evidenced by examinations. Professor P. Gervais Robinson delivered the charge to the class in a felicitous and peculiarly elegant address.

THE THIRTY-FOURTH commencement exercises of the St. Louis Medical College took place on the 10th of March, at the Temple. At the same time and place the tenth annual commencement of the Missouri Dental College was celebrated, the classes from both institutions being awarded their diplomas in the presence of an audience which completely filled the hall.

At the conclusion of the prayer, Professor John T. Hodgen came forward and announced that by the authority vested in them, the Board of Trustees of the St. Louis Medical College had conferred the degree of Doctor of Medicine upon the following named students, who had completed in a satisfactory manner the necessary course of study:

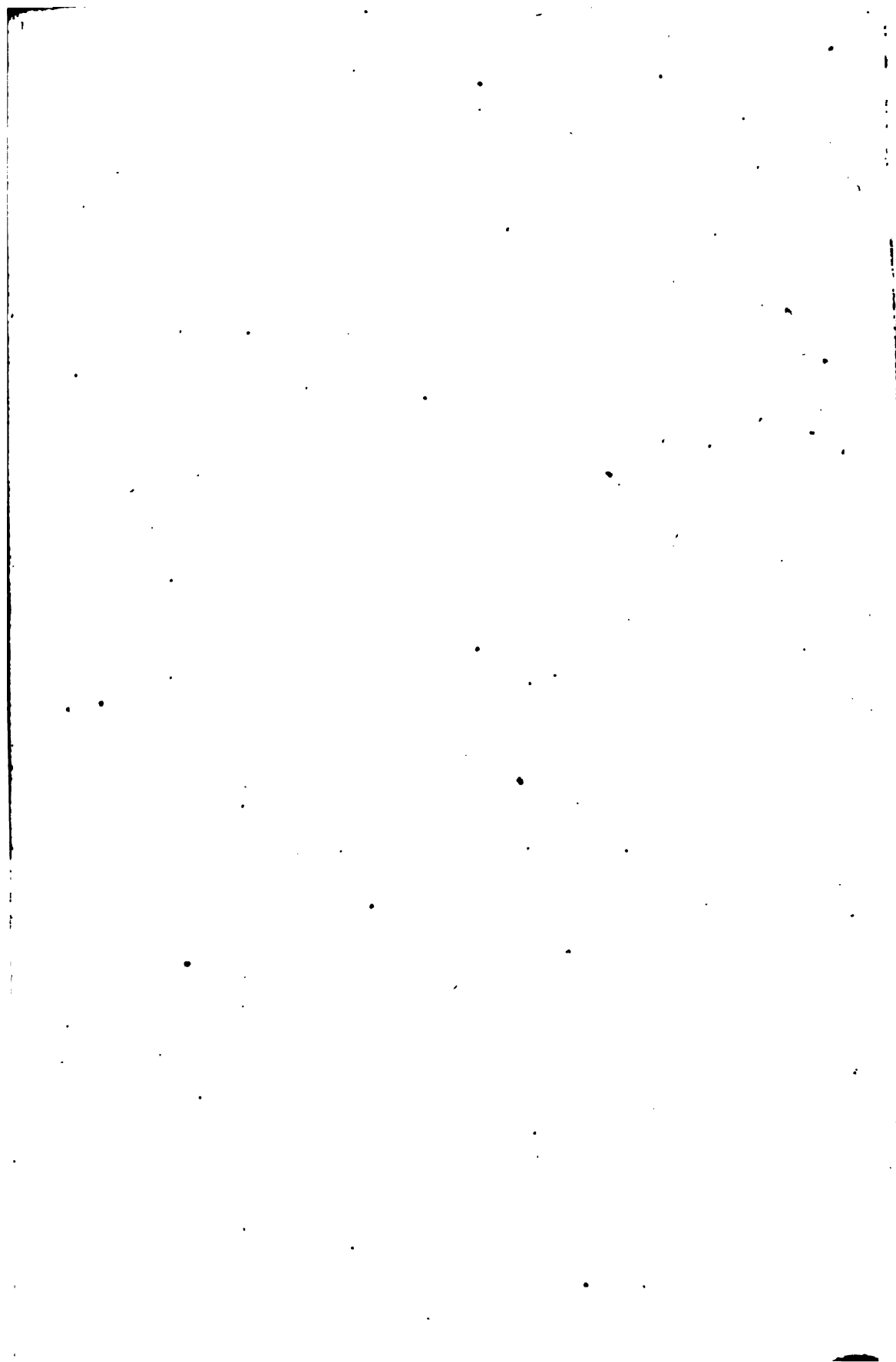
Samuel G. Arnott, William J. Bever, Oscar F. Botkin, Henry B. Brown, Samuel E. Carrington, Cornelius M. Drumeler, William H. Ferguson, Charles C. Frick, Russell G. Floyd, Adam Fuhrman, George H. Gilson, John Gilwee, Roger H. Harrison, Albert Hayden, John H. Heidemann, Theodore S. Howard, Leonidas Kirby, John H. Lane, William H. Laenfliert, George S. Liggett, Francis J. Rutz, Andrew J. McGaffigan, Solomon R. McKay, J. Lafayette McElhiney, John A. Mann, Henry F. Martin, Frederick O. Massie, Henry A. Meier, Albert H. Meisenbach, Luther W. Miller, Eugene B. North, Edward D. Oatman, Charles R. Oglesby, John Q. Quisenberry, John B. Ray, Robert L. Robinson, John H. Stein, Richard O. Stoffregen, Leonard O. Stocking, Thomas B. Taylor, James W. Temple, Richard G. Waters, Benj. F. Williams, Robert S. Wilson, Andrew D. Wildermuth, Frank Warden, Flavius P. Wyatt.

The valedictory address was delivered by Professor E. H. Gregory, of the chair of Surgery, and was listened to with marked interest by the large and intelligent audience.

Degree of Doctor of Dental Surgery was then conferred by Professor Wm. H. Eames, of the Dental College.

The close of the exercises was followed by a banquet to the alumni.











HI  
909

